

Prior Authorization Criteria
Quantity Limit Excess

All requests for quantity limits above those listed below require a prior authorization and will be screened for medical necessity and appropriateness.

When criteria are not met, the request will be forwarded to a Medical Director for review. The physician reviewer must override criteria when, in their professional judgment, the requested medication is medically necessary.

Brand Name	Generic Name	Quantity Limit
Abilify	aripiprazole	30 tablets per month
Abilify Maintena	Aripiprazole	1 injection per 28 days
ABREVA 10% CREAM	DOCASONAL	1 tube per 30 days
Absorica	isotretinoin	60 capsules per 30 days
ABSTRAL SUBLINGUAL TABLET	FENTANYL CITRATE	120 tablets per 30 days
Accolate	zafirlukast	60 tablets per month
Accuneb	albuterol inhalation solution	120 vials or 360mL per month
ACCUPRIL TABLET	QUINAPRIL	60 tablets per 30 days
ACCURETIC TABLET 10 MG/12.5 MG, 20 MG/25 MG	QUINAPRIL/HYDROCHLORO THIAZIDE	30 tablets per 30 days
ACCURETIC TABLET 20 MG/12.5 MG	QUINAPRIL/HYDROCHLORO THIAZIDE	60 tablets per 30 days
ACEON TABLET	PERINDOPRIL	60 tablets per 30 days
ACETAMINOPHEN 100 MG/ML, 80 MG/0.8 ML LIQUID	ACETAMINOPHEN	240 mL per 30 days
ACETAMINOPHEN 160 MG/5 ML, 80 MG/2.5 ML LIQUID	ACETAMINOPHEN	2250 mL per 30 days
ACETAMINOPHEN 320 MG/10 ML, 320 MG/10.15 ML, 650 MG/20.3 ML LIQUID	ACETAMINOPHEN	3000 mL per 30 days
ACETAMINOPHEN 500 MG/15 ML LIQUID	ACETAMINOPHEN	2700 mL per 30 days
ACETAMINOPHEN 500 MG/5 ML LIQUID	ACETAMINOPHEN	900 mL per 30 days
ACETAMINOPHEN 640 MG/20 ML LIQUID	ACETAMINOPHEN	3750 mL per 30 days
ACETAMINOPHEN CAP/TAB/SUPPOSITORY 500 MG, 650 MG	ACETAMINOPHEN	180 tablets/capsules/suppositories per 30 days
ACETAMINOPHEN TAB/CAP/SUPPOSITORY 120 MG, 160MG	ACETAMINOPHEN	600 tablets/capsules/ suppositories per 30 days
ACETAMINOPHEN TAB/CAP/SUPPOSITORY 325 MG	ACETAMINOPHEN	300 tablets/capsules/suppositories per 30 days
ACETAMINOPHEN TAB/CAP/SUPPOSITORY 80 MG	ACETAMINOPHEN	900 tablets/capsules/suppositories per 30 days
ACIPHEX 10 MG SPRINKLE DR CAPSULE	RABEPRAZOLE	60 capsules per 30 days

Brand Name	Generic Name	Quantity Limit
ACIPHEX 20 MG TABLET EC	RABEPRAZOLE	60 tablets per 30 days
ACIPHEX 5 MG SPRINKLE DR CAPSULE	RABEPRAZOLE	30 capsules per 30 days
Aclovate	ALCLOMETASONE 0.05% CREAM, OINTMENT	120g per 30 days
ACNEFREE SEVERE ACNE CLEARING SYSTEM	BENZOYL PEROXIDE WASH/EMOLLIENT	1 kit per 30 days
ACTEMRA 162 MG/0.9 ML SYRINGE	TOCILIZUMAB	4 syringes per 28 days
ACTEMRA VIAL 80 MG/4 ML, 200 MG/10 ML, 400 MG/20 ML	TOCILIZUMAB	45 mL per 30 days
ACTIGALL 300 MG CAPSULE	URSODIOL	120 capsules per 30 days
ACTIQ LOZENGE	FENTANYL CITRATE	120 lozenges per 30 days
ACTONEL 150 MG TABLET	RISEDRONATE	1 tablet per 28 days
ACTONEL 35 MG TABLET	RISEDRONATE	4 tablets per 28 days
ACTONEL TABLET 5 MG, 30 MG	RISEDRONATE	30 tablets per 30 days
ActoPlus Met	pioglitazone/metformin	90 tablets per month
Actos	pioglitazone	30 tablets per month
ADALAT CC 60 MG TABLET	NIFEDIPINE	60 tablets per 30 days
ADALAT CC TABLET 30 MG, 90 MG	NIFEDIPINE	30 tablets per 30 days
Adcirca	tadalafil	60 tablets per month
Adderall	amphetamine salt combination	60 tablets per month
Adderall XR 20mg, 25mg, 30mg	amphetamine salt combination extended release	60 capsules per month
Adderall XR 5mg, 10mg, 15mg	amphetamine salt combination extended release	30 capsules per month
ADEMPAS TABLET	RIOCIQUAT	90 tablets per 30 days
ADLYXIN	LIXISENATIDE	2 pens per 28 days
Admelog Solostar pen	insulin lispro	30 ml per month
Admelog vial	insulin lispro	30 ml per month
Advair HFA/Advair Diskus	fluticasone propionate/salmeterol	1 inhaler or diskus per month
ADZENYS ER 1.25 MG/ML SUSPENSION	AMPHETAMINE EXTENDED- RELEASE	450 mL per 30 days
ADZENYS XR-ODT TABLET	AMPHETAMINE	30 tablets per 30 days
Aerospan	flunisolide	2 inhalers per month
AFINITOR TABLET	EVEROLIMUS	30 tablets per 30 days
AGGRENOLX 25-200 MG CAPSULE	ASPIRIN/DIPYRIDAMOLE	60 capsules per 30 days
Aimovig	Erenumab	2mL/30 days
Airduo Respiclick	fluticasone propionate and salmeterol	1 inhaler per month
Ajovy	fremanezumab-vfrm	3 syringes per 90 days
AKYNZEO 300/0.5 MG CAPSULE	NETUPITANT/PALONOSETR ON	30 capsules per 30 days
ALAVERT 10 MG TABLET	LORATADINE	30 tablets per 30 days

Brand Name	Generic Name	Quantity Limit
ALAVERT CHILDREN'S SYRUP	LORATADINE	300 mL per 30 days
ALAVERT-D 12 HR	PSEUDOEPHEDRINE/LORATADINE	60 tablets per 30 days
ALBENZA 200 MG TABLET	ALBENDAZOLE	120 tablets per 30 days
Albuterol 2.5mg/0.5ml	albuterol inhalation soln	160ml per month
Albuterol 2.5mg/3ml	albuterol inhalation soln	375ml per month
Albuterol 5mg/ml	albuterol inhalation soln	80ml per month
Alcohol Swabs	Alcohol swabs	200 per 30 days
ALECENSA 150 MG CAPSULE	ALECTINIB HCL	240 capsules per 30 days
ALINIA 100 MG/5 ML SUSPENSION	NITAZOXANIDE	1800 mL per 30 days
ALINIA 500 MG TABLET	NITAZOXANIDE	60 tablets per 30 days
ALLEGRA 180 MG TABLET	FEXOFENADINE	30 tablets per 30 days
ALLEGRA 30 MG/5 ML SUSPENSION	FEXOFENADINE ORAL	300 mL per 30 days
ALLEGRA TABLET/CAPSULE/ODT TABLET 30 MG, 60 MG	FEXOFENADINE	60 capsules/tablets per 30 days
ALLEGRA-D 12 HR TABLET	PSEUDOEPHEDRINE/FEXOFENADINE	60 tablets per 30 days
ALLEGRA-D 24 HR TABLET	PSEUDOEPHEDRINE/FEXOFENADINE	30 tablets per 30 days
ALLZITAL 25 MG/325 MG TABLET	BUTALBITAL/ACETAMINOPHEN	18 tablets per 30 days
Alprazolam Intensol	ALPRAZOLAM CONCENTRATE 1 MG/ML	180mL per 30 days
ALTACE 1.25 MG CAPSULE	RAMIPRIL	30 capsules per 30 days
ALTACE 10 MG CAPSULE	RAMIPRIL	60 capsules per 30 days
ALTACE CAPSULE 2.5 MG, 5 MG	RAMIPRIL	120 capsules per 30 days
ALTOPREV TABLET	LOVASTATIN ER	30 tablets per 30 days
ALUNBRIG 30 MG TABLET	BRIGATINIB	120 tablets per 30 days
ALUNBRIG TABLET 90 MG, 180 MG, 90-180 MG TAB PACK	BRIGATINIB	30 tablets per 30 days
Alvesco	ciclesonide	2 inhalers per month
Amaryl 1mg, 2mg	glimepiride	30 tablets per month
Ambien	zolpidem	30 tablets per month
AMBIEN CR	ZOLPIDEM ER	30 capsules per 30 days
AMERGE TABLET	NARATRIPTAN	9 tablets per 30 days
AMERISOURCE LICE BEDING SPRAY	PERMETHRIN 0.5%	5 oz (142g) per 5 days
AMITIZA 24 MCG CAPSULE	LUBIPROSTONE	60 capsules per 30 days
AMITIZA 8 MCG CAPSULE	LUBIPROSTONE	120 capsules per 30 days
Amnesteem	isotretinoin	60 capsules per 30 days
AMPYRA ER 10 MG TABLET	DALFAMPRIDINE	60 tablets per 30 days
AMRIX ER CAPSULE	CYCLOBENZAPRINE ER	30 capsules per 30 days

Brand Name	Generic Name	Quantity Limit
Anafranil 25mg	clomipramine	30 capsules per month
Anafranil 50mg	clomipramine	90 capsules per month
Anafranil 75mg	clomipramine	60 capsules per month
ANAPROX 275 MG TABLET	NAPROXEN	90 tablets per 30 days
ANAPROX DS 550 MG TABLET	NAPROXEN	90 tablets per 30 days
ANDRODERM PATCH	TESTOSTERONE	30 patches per 30 days
ANDROGEL 1% (5 GM) GEL PACKET	TESTOSTERONE	300 grams per 30 days
ANDROGEL 1% GEL (2.5 GM) PACKET/PUMP	TESTOSTERONE	225 grams per 30 days
ANDROGEL 1.62% (1.25 GM) GEL PACKET	TESTOSTERONE	37.5 grams per 30 days
ANDROGEL 1.62% GEL (2.5 GM) PACKET/PUMP	TESTOSTERONE	150 grams per 30 days
ANDROID 10 MG CAPSULE	METHYLTESTOSTERONE	150 capsules per 30 days
ANDROXY 10 MG TABLET	FLUOXYMESTERONE	120 tablets per 30 days
Anoro Ellipta	umeclidinium and vilanterol	1 inhaler per month
ANTARA CAPSULE 30 MG, 43 MG	FENOFIBRATE MICRONIZED	60 capsules per 30 days
ANTARA CAPSULE 90 MG, 130 MG	FENOFIBRATE MICRONIZED	30 capsules per 30 days
ANZEMET 100 MG TABLET	DOLASETRON	30 tablets per 30 days
ANZEMET 50 MG TABLET	DOLASETRON	60 tablets per 30 days
Apadaz	Benzhydrocodone and acetaminophen	180 tablets per 30 days
Apidra	insulin glulisine	30 mL per month
APLENZIN ER TABLET	BUPROPION HYDROBROMIDE	30 tablets per 30 days
APRISO 0.375 GRAM ER CAPSULE	MESALAMINE	120 capsules per 30 days
APTIOM TABLET 200 MG, 400 MG	ESLICARBAZEPINE	30 tablets per 30 days
APTIOM TABLET 600 MG, 800 MG	ESLICARBAZEPINE	60 tablets per 30 days
Aptivus 250mg	tipranavir	120 capsules per month
Arava	leflunomide	30 tablets per month
ARCALYST 220 MG INJECTION	RILONACEPT	5 vials per 28 days
ARCAPTA NEOHALER 75 MCG CAPSULE	INDACATEROL	30 capsules per 30 days
Aricept	donepezil	30 tablets per month
ARIMIDEX 1 MG TABLET	ANASTROZOLE	30 tablets per 30 days
ARISTADA ER 1064 MG/3.9 ML	ARIPIPRAZOLE LAUROXIL	1 syringe per 60 days
ARISTADA ER SYRINGE 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	ARIPIPRAZOLE LAUROXIL	1 syringe per 30 days
Arixtra	fondaparinux	10 syringes per month
ARMONAIR RESPICLICK	FLUTICASONE PROPIONATE	1 inhaler per 30 days
Arnuity Ellipta	fluticasone	1 inhaler per month

Brand Name	Generic Name	Quantity Limit
AROMASIN 25 MG TABLET	EXEMESTANE	60 tablets per 30 days
Artane 2mg	trihexyphenidyl	180 tablets per month
Artane 5mg	trihexyphenidyl	90 tablets per month
ARTHROTEC EC 50 MG/200 MCG	DICLOFENAC SODIUM/MISOPROSTOL	120 tablets per 30 days
ARTHROTEC EC 75 MG/200 MCG	DICLOFENAC SODIUM/MISOPROSTOL	90 tablets per 30 days
ARYMO ER 15 MG TABLET	MORPHINE SULFATE	90 tablets per 30 days
ARYMO ER TABLET 30 MG, 60 MG	MORPHINE SULFATE	60 tablets per 30 days
ASACOL HD 800 MG TABLET	MESALAMINE	180 tablets per 30 days
ASCOMP WITH CODEINE CAPSULE	BUTALBITAL/ASA/CAFFEIN E/CODEINE	18 capsules per 30 days
Asendin 100mg	Amoxapine	120 tablets per month
Asendin 150mg	amoxapine	60 tablets per month
Asendin 25mg, 50mg	amoxapine	90 tablets per month
Asmanex	mometasone furoate	1 inhaler per month
ASPIRIN SUPPOSITORY	ASPIRIN	180 suppositories per 30 days
ASPIRIN TAB/CAP	ASPIRIN	360 tablets/capsules per 30 days
ASTELIN 0.1% NASAL SPRAY	AZELASTINE	1 bottle per 25 days
ASTEPRO NASAL SPRAY	AZELASTINE	1 bottle per 25 days
ATACAND 32 MG TABLET	CANDESARTAN	30 tablets per 30 days
ATACAND HCT 16/12.5 MG TAB	CANDESARTAN/HCTZ	60 tablets per 30 days
ATACAND HCT TAB 32/12.5 MG, 32/25 MG	CANDESARTAN/HCTZ	30 tablets per 30 days
ATACAND TABLET 4 MG, 8 MG, 16 MG	CANDESARTAN	60 tablets per 30 days
AELVIA 35 MG DR TABLET	RISEDRONATE	4 tablets per 28 days
Ativan 0.5mg, 2mg	lorazepam	90 tablets per month
Ativan 1mg	lorazepam	180 tablets per month
ATRIPLA 600 MG/200 MG/300 MG TABLET	EFAVIRENZ/EMTRICITABINE /TENOFVIR DF	30 tablets per 30 days
Atrovent HFA	ipratropium bromide inhaler	2 inhalers per month
Atrovent Inhalation Solution	ipratropium bromide inhalation solution	120 vials or 300mL per month
Atrovent Nasal Spray 0.03%	ipratropium bromide nasal spray	1 bottle per month (30mL)
Atrovent Nasal Spray 0.06%	ipratropium bromide nasal spray	2 bottles per month (30mL total)
AUBAGIO 7 AND 14 MG TABLET	TERIFLUNOMIDE	30 tablets per 30 days
AURYXIA 210 MG TABLET	FERRIC CITRATE	360 tablets per 30 days
AUSTEDO 12 MG TABLET	DEUTETRABENAZINE	120 tablets per 30 days
AUSTEDO 6 MG TABLET	DEUTETRABENAZINE	60 tablets per 30 days
AUSTEDO 9 MG TABLET	DEUTETRABENAZINE	120 tablets per 30 days
AVALIDE 150-12.5 MG TABLET	IRBESARTAN/HCTZ	60 tablets per 30 days

Brand Name	Generic Name	Quantity Limit
AVALIDE 300-12.5 MG TABLET	IRBESARTAN/HCTZ	30 tablets per 30 days
Avandamet	rosiglitazone/metformin	60 tablets per month
Avandaryl 4/1mg	rosiglitazone/glimepiride	30 tablets per month
Avandaryl 4/2mg, 4/4mg	rosiglitazone/glimepiride	60 tablets per month
Avandia	rosiglitazone	30 tablets per month
AVAPRO 75MG,150 MG, 300 MG TABLET	IRBESARTAN	30 tablets per 30 days
AVEED 750 MG/3 ML VIAL	TESTOSTERONE UNDECANOATE	3ml initial, then 3ml in 28 days, then 3ml per 70 days
Avelox	moxifloxacin	10 tablets per month
AVINZA 30,45,60,75,90, 120 MG CAPSULES	MORPHINE SULFATE ER	30 capsules per 30 days
AVODART 0.5 MG SOFTGEL	DUTASTERIDE	30 softgels per 30 days
Avonex	interferon beta-1a	1 package (4 vials) per month
AVONEX PEN 30 MCG/0.5 ML AUTOINJECTOR KIT	INTERFERON BETA-1A	2ML per 28 days
AVONEX PREFILLED SYRINGE 30 MCG KIT	INTERFERON BETA-1A	1 kit (4 syringes) per 28 days
AXERT 12.5 MG TABLET	ALMOTRIPTAN	9 tablets for 30 days
AXERT 6.25 MG TABLET	ALMOTRIPTAN	6 tablets for 30 days
AXIRON 30 MG/ACTUATION SOLUTION	TESTOSTERONE	180 mL (two bottles) per 30 days
AYGESTIN 5 MG TABLET	NORETHINDRONE ACETATE	90 tablets per 30 days
Ayvakit	Avapritinib	30 tablets per 30 days
AZACTAM 1 GM INJECTION VIAL	AZTREONAM	90g per 30 days
AZACTAM 2 GM INJECTION VIAL	AZTREONAM	240g per 30 days
AZILECT 0.5, 1 MG TABLET	RASAGILINE	30 tablets per 30 days
AZOR 10/20,10/40,5/20,5/40 MG TABLET	AMLODIPINE/OLMESARTAN	30 tablets per 30 days
AZULFIDINE 500 MG TABLET	SULFASALAZINE	360 tablets per 30 days
AZULFIDINE EN-TAB 500 MG TABLET	SULFASALAZINE	360 tablets per 30 days
BANZEL 200 MG TABLET	RUFINAMIDE	120 tablets per 30 days
BANZEL 40 MG/ML SUSPENSION	RUFINAMIDE	2400ML per 30 days
BANZEL 400 MG TABLET	RUFINAMIDE	240 tablets per 30 days
Baqsimi	glucagon	2 kits per 30 days
Baraclude 0.5mg, 1mg	Entecavir	30 tablets per 30 days
BC ARTHRITIS POWDER PACKET 1000 MG/65 MG	ASPIRIN/CAFFEINE	120 packets per 30 days
BELSOMRA 5,10,15,20 MG TABLET	SUVOREXANT	30 tablets per 30 days
BENICAR 5,20,40 MG TABLET	OLMESARTAN	30 tablets per 30 days
BENICAR HCT 20/12.5,40/12.5,40/25 MG TAB	OLMESARTAN/HYDROCHLOROTHIAZIDE	30 tablets per 30 days
Berinerit	C1 esterase inhibitor	12 vials per month

Brand Name	Generic Name	Quantity Limit
BETHKIS 300 MG/4 ML INHALATION SOLUTION VIAL	TOBRAMYCIN	240 ml per 30 days
Bevespi Aerosphere	Glycopyrrolate/formoterol fumarate	1 inhaler per 30 days
Biaxin, Biaxin XL	clarithromycin	28 tablets per 30 days
BICILLIN L-A 1,200,000 UNITS/2 ML	PENICILLIN G BENZATHINE	2.1ml per 30 days
BICILLIN L-A 2,400,000 UNITS/4 ML	PENICILLIN G BENZATHINE	17.7ml per 30 days
BICILLIN L-A 600,000 UNITS/ML	PENICILLIN G BENZATHINE	2.4ml per 30 days
Biktarvy	bictegravir, emtricitabine, tenofovir alafenamide	30 tablets per 30 days
BINOSTO 70 MG EFFERVESCENT TABLET	ALENDRONATE	4 tablets per 28 days
BONIVA 150 MG TABLET	IBANDRONATE	1 tablet per 30 days
BONIVA 3 MG/3 ML SYRINGE	IBANDRONATE	1 syringe per 30 days
BONJESTA ER 20-20 MG TABLET	DOXYLAMINE AND PYRIDOXINE EXTENDED-RELEASE	60 tablets per 30 days
BOSULIF 100 MG TABLET	BOSUTINIB	90 tablets per 30 days
BOSULIF 400,500 MG TABLET	BOSUTINIB	30 tablets per 30 days
BOTOX 100 UNITS INJECTION VIAL	ONABOTULINUMTOXIN A	3 vials per 30 days
BOTOX 200 UNITS INJECTION VIAL	ONABOTULINUMTOXIN A	2 vials per 30 days
BPO 4%, 8% CREAMY WASH KIT	BENZOYL PEROXIDE	30g per 30 days
Breo Ellipta	fluticasone and vilanterol	1 inhaler per month
Breztri Inhaler	Budesonide, formoterol, glycopyrrolate	1 inhaler per 30 days
BRILINTA 60,90 MG TABLET	TICAGRELOR	60 tablets per 30 days
BRISDELLE 7.5 MG CAPSULE	PAROXETINE MESYLATE	30 capsules per 30 days
BRIVIACT 10,25,50 MG TABLET	BRIVARACETAM	120 tablets per 30 days
BRIVIACT 10MG/ML, 50 MG/ML ORAL SOLUTION	BRIVARACETAM	600ML per 30 days
BRIVIACT 75, 100 MG TABLET	BRIVARACETAM	60 per 30 days
Bronchitol capsules	mannitol	560 capsules per 28 days
Brovana	arformoterol	120 mL (60 vials) per month
BRYHALI	HALOBETASOL PROPIONATE LOTION, CREAM, OINTMENT	120g per 30 days
BUPAP 50 MG/300 MG TABLET	BUTALBITAL/ACETAMINOPHEN	18 tablets per 30 days
Buspar 10mg, 30mg	bupirone	60 tablets per month
Buspar 5mg, 7.5mg, 15mg	bupirone	120 tablets per month
BUTISOL SODIUM 30 MG TABLET	BUTABARBITAL SODIUM	105 tablets per 30 days
BUTRANS 5,7.5,10,15,20 MCG/HR TRANSDERMAL SYSTEM	BUPRENORPHINE TRANSDERMAL	4 patches per 28 days

Brand Name	Generic Name	Quantity Limit
Bydureon 2mg pen	exenatide	4 pens per 28 days
Bydureon 2mg/0.65ml syringe	exenatide	4 syringes per 28 days
Bydureon BCISE 2mg/0.85ml	exenatide	4 pens per 28 days
Byetta 10mcg/0.04ml	exenatide	2.4ml (1 pen) per month
Byetta 5mcg/0.02ml	exenatide	1.2ml (1 pen) per month
BYSTOLIC 2.5 MG TABLET	NEBIVOLOL	30 tablets per 30 days
BYSTOLIC 20 MG TABLET	NEBIVOLOL	60 tablets per 30 days
BYSTOLIC 5, 10 MG TABLET	NEBIVOLOL	45 tablets per 30 days
BYVALSON 5/80 MG TABLET	NEBIVOLOL/VALSARTAN	30 tablets per 30 days
Cabenuva injection	cabotegravir/rilpivirine	1 kit/30 days
CABOMETYX 20, 40, 60 MG TABLET	CABOZANTINIB	30 tablets per 30 days
CADUET TABLETS	AMLODIPINE/ATORVASTATIN	30 tablets per 30 days
CAFERGOT TABLET	ERGOTAMINE/CAFFEINE	42 tablets per 30 days
Calan SR	verapamil	30 tablets per month
CALQUENCE 100 MG CAPSULE	ACALABRUTINIB	60 tablets per 30 days
CAMBIA 50 MG POWDER PACKET	DICLOFENAC POTASSIUM POWDER	9 packets per 30 days
CANCIDAS IV 50,70 MG VIAL	CASPOFUNGIN	14 vials per 14 days
CAPACET 50 MG/325 MG/40 MG CAPSULE	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	18 capsules per 30 days
CAPITAL WITH CODEINE 120 MG-12 MG/5 ML SUSPENSION	ACETAMINOPHEN/CODEINE	2700ML per 30 days
Caplyta	Lumateperone	30 capsules per 30 days
CAPOTEN TABLETS	CAPTOPRIL	90 per 30 days
CAPOZIDE TABLETS	CAPTOPRIL/HYDROCHLOROTHIAZIDE	60 tablets per 30 days
CAPRELSA 100 MG TABLET	VANDETANIB	60 tablets per 30 days
CAPRELSA 300 MG TABLET	VANDETANIB	30 tablets per 30 days
CARBATROL ER 100 MG CAPSULE	CARBAMAZEPINE ER	180 capsules per 30 days
CARBATROL ER 200 MG CAPSULE	CARBAMAZEPINE ER	240 capsules per 30 days
CARBATROL ER 300 MG CAPSULE	CARBAMAZEPINE ER	150 capsules per 30 days
CARDENE 20 MG CAPSULE	NICARDIPINE	180 capsules per 30 days
CARDENE 30 MG CAPSULE	NICARDIPINE	90 capsules per 30 days
CARDIZEM 120 MG TABLET	DILTIAZEM	90 tablets per 30 days
CARDIZEM 30, 60, 90 MG TABLET	DILTIAZEM	120 tablets per 30 days
CARDIZEM CD 120, 300, 360 MG CAPSULE	DILTIAZEM	30 capsules per 30 days
CARDIZEM CD 180,240 MG CAPSULE	DILTIAZEM	60 capsules per 30 days
CARDIZEM LA 120, 180, 300, 360, 420 MG TABLET	DILTIAZEM	30 tablets per 30 days

Brand Name	Generic Name	Quantity Limit
CARDIZEM LA 240 MG TABLET	DILTIAZEM	60 tablets per 30 days
CARDURA 1mg, 2mg TABLET	DOXAZOSIN	30 tablets per 30 days
CARDURA 8 MG TABLET	DOXAZOSIN	60 tablets per 30 days
CARDURA XL 4, 8 MG TABLET	DOXAZOSIN	30 tablets per 30 days
CARTIA XT 120,180,300 MG CAPSULE SA	DILTIAZEM	30 capsules per 30 days
CARTIA XT 240 MG CAPSULE SA	DILTIAZEM	60 capsules per 30 days
CATAFLAM 50 MG TABLET	DICLOFENAC POTASSIUM	120 tablets per 30 days
Catapres 0.1mg, 0.2mg	clonidine	60 tablets per month
Catapres 0.3mg	clonidine	240 tablets per month
CAYSTON 75 MG/ML INHALATION SOLUTION VIAL	AZTREONAM LYSINE	84 vials per 28 days
Celebrex 100mg	celecoxib	60 tablets per 30 days
Celebrex 200mg	celecoxib	60 tablets per 30 days
Celexa	citalopram	30 tablets per month
Celexa solution	citalopram 10mg/5mL solution	600mL per month
CELONTIN 300 MG CAPSULE	METHOSUXIMIDE	120 capsule per 30 days
Cerdelga	Eliglustat	60 capsules per month
CESAMET 1 MG CAPSULE	NABILONE	180 capsules per 30 days
CHANTIX 0.5 MG TABLET	VARENICLINE	672 tablets per 365 days (dose optimization)
CHANTIX 0.5 MG X 11 & Tab 1 MG X 42 Pack	Varenicline Tartrate Tab 0.5 MG X 11 & Tab 1 MG X 42 Pack	106 tablets /365 days
CHANTIX 1 MG CONTINUING MONTH PAK	VARENICLINE	560/365 days
CHANTIX 1 MG TABLET	VARENICLINE	672 tablets per 365 days
CHLORAL HYDRATE 500 MG/5 ML SOLN	CHLORAL HYDRATE	300ML per 30 days
CHLORPROPAMIDE 100 MG TABLET	CHLORPROPAMIDE	90 tablets per 30 days
CHLORPROPAMIDE 250 MG TABLET	CHLORPROPAMIDE	60 tablets per 30 days
CHOLINE/MAG TRISAL 1000 MG TABLET	CHOLINE/MAGNESIUM TRISALICYLATE	120 tablets per 30 days
CHOLINE/MAG TRISAL 500 MG TABLET	CHOLINE/MAGNESIUM TRISALICYLATE	180 tablets per 30 days
CHOLINE/MAG TRISAL 500 MG/5 ML LIQUID	CHOLINE/MAGNESIUM TRISALICYLATE	1350ML per 30 days
CHOLINE/MAG TRISAL 750 MG TABLET	CHOLINE/MAGNESIUM TRISALICYLATE	180 tablets per 30 days
CIMDUO 300-300 MG TABLET	LAMIVUDINE AND TENOFOVIR DF	30 tablets per 30 days
CIMZIA 200 MG VIAL KIT	CERTOLIZUMAB PEGOL	2 packs or 2 kits (2 x 200mg vials) per 28 days
CIMZIA 200 MG/ML STARTER KIT	CERTOLIZUMAB PEGOL	1 starter kit per 365 days
CIMZIA 200 MG/ML SYRINGE KIT	CERTOLIZUMAB PEGOL	2 syringe kits (2 x 200mg/ml syringes) per 28 days

Brand Name	Generic Name	Quantity Limit
Cinryze	C1 esterase inhibitor	20 vials per month
Claravis	isotretinoin	60 capsules per 30 days
CLARINEX - D 12 HOUR TABLET	PSEUDOEPHEDRINE/DESLO RATADINE	60 tablets per 30 days
CLARINEX - D 24 HOUR TABLET	PSEUDOEPHEDRINE/DESLO RATADINE	30 tablets per 30 days
CLARINEX 0.5 MG/ML SYRUP	DESLORATADINE	300ML per 30 days
CLARINEX 2.5 AND 5 MG REDITABS	DESLORATADINE	30 tablets per 30 days
CLARINEX 5 MG TABLET	DESLORATADINE	30 tablets per 30 days
CLARITIN 10 MG TABLETS AND REDITABS	LORATADINE	30 tablets per 30 days
CLARITIN 5 MG/5 ML SYRUP	LORATADINE	300ML per 30 days
CLARITIN CHEWABLE 5 MG TABLET	LORATADINE	60 tablets per 30 days
CLARITIN-D 12 HOUR TAB SA	PSEUDOEPHEDRINE/LORAT ADINE	60 tablets per 30 days
CLARITIN-D 24 HOUR TAB ER	PSEUDOEPHEDRINE/LORAT ADINE	30 tablets per 30 days
Cleocin, Clindagel	CLINDAMYCIN GEL, LOTION, SOLUTION	60g per 30 days
CLINORIL 150, 200 MG TABLET	SULINDAC	60 tablets per 30 days
Clozaril 200mg	clozapine	135 tablets per month
Clozaril 25mg, 50mg, 100mg	clozapine	270 tablets per month
Codeine sulfate	codeine sulfate	180 tablets per month
Cogentin 0.5mg, 1mg	benztropine	180 tablets per month
Cogentin 2mg	benztropine	90 tablets per month
COLAZAL 750 MG CAPSULE	BALSALAZIDE	270 capsules per 30 days
COLCRYS 0.6 MG TABLET	COLCHICINE	90 tablets per 30 days
COLESTID 1 GRAM TABLET	COLESTIPOL	480 tablets per 30 days
Combivent	ipratropium bromide/albuterol	2 inhalers per month
Combivir	lamivudine/zidoduvine	60 tablets per month
COMBUNOX 5 MG/400 MG TABLET	OXYCODONE/IBUPROFEN	120 tablets per 30 days
COMETRIQ 100 MG DAILY DOSE PACK	CABOZANTINIB	56 tablets per 28 days
COMETRIQ 140 MG DAILY DOSE PACK	CABOZANTINIB	112 tablets per 28 days
COMETRIQ 60 MG DAILY DOSE PACK	CABOZANTINIB	84 tablets per 28 days
COMMIT 2, 4 MG LOZENGE	NICOTINE POLACRILEX	600 lozenges per 30 days
Complera	emtricitabine/rilpivirine/tenofovir	30 tablets per month
COMTAN 200 MG	ENTACAPONE	240 tablets per 30 days
Concerta 18mg, 27mg, 54mg	methylphenidate extended release	30 tablets per month
Concerta 36mg	methylphenidate extended release	60 tablets per month
CONTOUR USB BLOOD GLUCOSE METER	BLOOD GLUCOSE METER	1 meter per 365 days

Brand Name	Generic Name	Quantity Limit
Copaxone	glatiramer acetate	1 package of 30 vials per month
Copiktra	duvelisib	56 capsules per 28 days
COREG 25 MG TABLET	CARVEDILOL	120 tablets per 30 days
COREG 3.125, 6.25, 12.5 MG TABLET	CARVEDILOL	60 tablets per 30 days
COREG CR CAPSULE	CARVEDILOL	30 capsules per 30 days
CORLANOR TABLETS	IVABRADINE	60 tablets per 30 days
Cortisone	hydrocortisone cream, lotion, ointment	120g per 30 days
COSENTYX	SECUKINUMAB	8 pens/syringes for the first month, then 2 pens/syringes per 28 days
COTELLIC 20 MG TABLET	COBIMETINIB FUMARATE	90 tablets per 30 days
COZAAR 100 MG TABLET	LOSARTAN	30 tablets per 30 days
COZAAR 25 AND 50 MG TABLET	LOSARTAN	60 tablets per 30 days
CRESEMBA 186 MG CAPSULE	ISAVUCONAZONIUM SULFATE	68 tablets per 30 days
CRESTOR 40 MG TABLET	ROSUVASTATIN	30 tablets per 30 days
CRESTOR 5, 10, 20 MG TABLET	ROSUVASTATIN	45 tablets per 30 days
Crixivan 200mg	indinavir	360 tablets per month
Crixivan 400mg	indinavir	180 tablets per month
Cutivate	fluticasone cream, ointment	120g per 30 days
CUTTER BACKWOODS INSECT REPELLENT	DIETHYLTOLUAMIDE	12 oz per 30 days
CUTTER LEMON EUCALYPTUS INSECT REPELLENT	OIL OF LEMON EUCALYPTUS	12 oz per 30 days
CUTTER SKINSATIONS INSECT REPELLENT	DIETHYLTOLUAMIDE	12 oz per 30 days
CVS LICE BEDDING SPRAY	PERMETHRIN 0.5%	5oz (142 gm) per 5 days
CVS TOTAL HOME INSECT 30% SPRAY	DIETHYLTOLUAMIDE	6 oz (177mL) per 6 days
Cymbalta 20mg, 30mg	duloxetine	60 capsules per month
Cymbalta 60mg	duloxetine	60 capsules per month
Cystadrops	Cysteamine	20mL per 28 days
CYTOMEL 25 MCG TABLET	LIOTHYRONINE	30 tablets per 30 days
CYTOMEL 5 MCG TABLET	LIOTHYRONINE	120 tablets per 30 days
CYTOMEL 50 MCG TABLET	LIOTHYRONINE	60 tablets per 30 days
DAKLINZA TABLET	DACLATASVIR	30 tablets per 30 days
DALIRESP TABLET	ROFLUMILAST	30 tablets per 30 days
DALMANE CAPSULE	FLURAZEPAM	30 capsules per 30 days
DANTRIUM CAPSULE	DANTROLENE	120 capsules per 30 days
DARAPRIM 25 MG TABLET	PYRIMETHAMINE	90 tablets per 30 days
Daurismo 100mg	glasdegib	28 tablets per 28 days

Brand Name	Generic Name	Quantity Limit
Daurismo 25mg	glasdegib	56 tablets per 28 days
DAYPRO 600 MG TABLET	OXAPROZIN	90 tablets per 30 days
Dayvigo	Lemborexant	30 tablets per 30 days
DDAVP 0.01% NASAL SPRAY PUMP	DESMOPRESSIN ACETATE SOLUTION	15 ml per 30 days
DELATESTRYL 200 MG/ML VIAL	TESTOSTERONE ENANTHATE	5 mL (1 vial) per 28 days
Delstrigo	doravirine/lamivudine/tenofovir disoproxil fumarate	30 tablets per 30 days
DELZICOL 400 MG DR CAPSULE	MESALAMINE	180 capsules per 30 days
DEMEROL 100 MG TABLET	MEPERIDINE	150 tablets per 30 days
DEMEROL 50 MG TABLET	MEPERIDINE	300 tablets per 30 days
DEMEROL 50 MG/5 ML SOLUTION	MEPERIDINE	1500 ml per 30 days
DEMSER 250 MG CAPSULE	METYROSINE	480 capsules per 30 days
DENAVIR 1% CREAM	PENCICLOVIR	37.5 grams per 30 days
Depen	Penicillamine	480 capsules per month
DEPO-PROVERA 150 MG/ML VIAL/SYRINGE	MEDROXYPROGESTERONE ACETATE	1 vial (1 ml) per 90 days
DEPO-PROVERA 400 MG/ML VIAL/SYRINGE (2.5 ML)	MEDROXYPROGESTERONE ACETATE	4 vials (10 ml) per 28 days
DEPO-SUBQ PROVERA 104 SYRINGE	MEDROXYPROGESTERONE ACETATE	1 vial (1 ml) per 90 days
DEPO-TESTOSTERONE 100 MG/ML VIAL	TESTOSTERONE CYPIONATE	10mL (1 vial) per 28 days
DEPO-TESTOSTERONE 200 MG/ML VIAL	TESTOSTERONE CYPIONATE	4 vials (4 ml) per 28 days
DERMACINRX PRIZOPAK KIT	LIDOCAINE/PRILOCAINE	1 kit per 30 days
DERMACINRX ZRM PAK KIT	LIDOCAINE/DIMETHICONE	1 kit per 30 days
DESCOVY 200/25 MG TABLET	EMTRICITABINE/TENOFOVIR ALAFENAMIDE	30 tablets per 30 days
Desoxyn	methamphetamine	150 tablets per month
Detrol LA (all strengths)	Tolteradine ER	30 capsules per 30 days
DETROL TABLET	TOLTERODINE	60 tablets per 30 days
Dexcom G6 Sensor	blood sugar diagnostic sensor	3 sensors per 30 days
Dexcom Receiver	Blood sugar display device	1 per 365 days
Dexedrine 10mg	d-amphetamine sulfate	60 tablets per month
Dexedrine 15mg	d-amphetamine sulfate	120 tablets per month
Dexedrine 5mg	d-amphetamine sulfate	90 tablets per month
DEXEDRINE SPANSULE 10 and 15 MG	DEXTROAMPHETAMINE SR	120 capsules per 30 days
DEXEDRINE SPANSULE 5 MG	DEXTROAMPHETAMINE SR	60 capsules per 30 days
DEXILANT DR CAPSULE	DEXLANSOPRAZOLE	30 capsules per 30 days
DEXTROSTAT TABLET	DEXTROAMPHETAMINE	180 tablets per 30 days

Brand Name	Generic Name	Quantity Limit
DIABETA 1.25 and 2.5 MG TABLET	GLYBURIDE	60 tablets per 30 days
DIABETA 5 MG TABLET	GLYBURIDE	120 tablets per 30 days
Diabetic Lancets	Lancets	200 lancets per 30 days
Diabetic Test Strips (< 21 years of age or older)	Blood sugar diagnostic strips	200 test strips per 30 days(s)
Diabetic Test Strips (≥ 21 years of age or older)	Blood sugar diagnostic strips	150 test strips per 30 day(s)
DICLEGIS DR TABLET	DOXYLAMINE/PYRIDOXINE	120 tablets per 30 days
DIFICID 200 MG TABLET	FIDAXOMICIN	60 tablets per 30 days
DIFLUCAN 10 MG/ML and 40 MG/ML SUSPENSION	FLUCONAZOLE	300 ml per 30 days
DIFLUCAN 150 MG TABLET	FLUCONAZOLE	30 tablets per 30 days
DIFLUCAN 50, 100, 200 MG TABLET	FLUCONAZOLE	60 tablets per 30 days
DIFLUNISAL 500 MG TABLET	DIFLUNISAL	90 tablets per 30 days
DILACOR XR 120 and 180 MG CAPSULE SA	DILTIAZEM	30 capsules per 30 days
DILACOR XR 240 MG CAPSULE SA	DILTIAZEM	60 capsules per 30 days
DILANTIN 125 MG/5 ML (100 MG/4 ML) LIQUID	PHENYTOIN	720 ml per 30 days
DILANTIN 30 MG and 100 MG CAPSULE	PHENYTOIN	180 capsules per 30 days
DILANTIN 50 MG CHEWABLE INFATAB	PHENYTOIN	180 tablets per 30 days
Dilaudid	hydromorphone	180 tablets per month
Dilaudid solution	hydromorphone solution	2400 ml per month
DILT-CD 120, 180, 300 MG CAPSULE	DILTIAZEM	30 capsules per 30 days
DILT-CD 240 MG CAPSULE	DILTIAZEM	60 capsules per 30 days
DILTIA XT 120 and 180 MG CAPSULE SA	DILTIAZEM	30 capsules per 30 days
DILTIA XT 240 MG CAPSULE SA	DILTIAZEM	60 capsules per 30 days
DILTIAZEM ER 60 and 90 MG CAPSULE	DILTIAZEM	60 capsules per 30 days
DILT-XR 120 and 180 MG CAP SA	DILTIAZEM	30 capsules per 30 days
DILT-XR 240 MG CAP SA	DILTIAZEM	60 capsules per 30 days
DILTZAC ER 120, 180, 300, 360 MG CAPSULE	DILTIAZEM	30 capsules per 30 days
DILTZAC ER 240 MG CAPSULE	DILTIAZEM	60 capsules per 30 days
DIOVAN 320 MG	VALSARTAN	30 tablets per 30 days
DIOVAN 40, 80, 160 MG	VALSARTAN	60 tablets per 30 days
DIOVAN HCT TAB	VALSARTAN/HCTZ	30 tablets per 30 days
DIPENTUM 250 MG CAPSULE	OLSALAZINE	120 capsules per 30 days
Diprolene	BETAMETHASONE DIPROPIONATE 0.05% CREAM, OINTMENT	120g per 30 days

Brand Name	Generic Name	Quantity Limit
Diprolene AF	AUGMENTED BETAMETHASONE 0.05% CREAM, GEL, OINTMENT	120g per 30 days
Diprolene AF Lotion	AUGMENTED BETAMETHASONE LOTION 0.05%	120mL per 30 days
Diprolene Lotion	BETAMETHASONE DIPROPIONATE 0.05% LOTION	120mL per 30 days
DITROPAN 5 MG TABLET	OXYBUTYNIN	120 tablets per 30 days
DITROPAN 5 MG/5 ML SYRUP	OXYBUTYNIN	600 ml per 30 days
DITROPAN XL 10 and 15 MG TABLET	OXYBUTYNIN	60 tablets per 30 days
DITROPAN XL 5 MG TABLET	OXYBUTYNIN	30 tablets per 30 days
Doptelet	Avatrombopag	15 tablets per 30 days
DORAL 15 MG TABLET	QUAZEPAM	30 tablets per 30 days
DORYX DR TABLET	DOXYCYCLINE HYCLATE	30 tablets per 30 days
DORYX MPC DR 120 mg tablet	DOXYCYCLINE HYCLATE	60 tablets per 30 days
Dovonex cream and ointment	Calcipotriene	120g per 30 days
Dovonex scalp solution	Calcipotriene	60mL per 30 days
DUETACT TABLET	PIOGLITAZONE/ GLIMEPIRIDE	30 tablets per 30 days
DUEXIS 800 MG/26.6 MG TABLET	IBUPROFEN/FAMOTIDINE	90 tablets per 30 days
DULERA DISKUS	MOMETASONE/FORMOTERO L	1 diskus (13 g) per 30 days
DUONEB 0.5 MG-3 MG/3 ML INHALATION SOLUTION	IPRATROPIUM/ALBUTEROL	180 vials (540 ml) per 30 days
Dupilixent 200 MG/1.4 ML	Dupilumab	3 syringes (4.2 ml) during the first month, then 2 syringes (2.8 ml) per 28 days
DUPIXENT 300 MG/2 ML	DUPILUMAB	3 syringes (6 ml) during the first month, then 2 syringes (4 ml) per 28 days
Duragesic	fentanyl transdermal patches	10 patches per 30 days
Duzallo	Lesinurad/allopurinol	30 tablets per 30 days
DYANAVEL XR 2.5 MG/ML SUSPENSION	DEXTROAMPHETAMINE/AM PHETAMINE	240 ml per 30 days
DYMISTA NASAL SPRAY	AZELASTINE/FLUTICASONE	1 bottle (23g) per 30 days
DYNACIRC CAPSULE	ISRADIPINE	60 capsules per 30 days
DYNACIRC CR 10 MG TABLET SA	ISRADIPINE	60 tablets per 30 days
DYNACIRC CR 5 MG TABLET SA	ISRADIPINE	30 tablets per 30 days
DYSPORT INJECTION VIAL	ABOBOTULINUMTOXIN A	3 vials per 90 days
EC-NAPROSYN TABLET	NAPROXEN	90 tablets per 30 days
EDARBI TABLET	AZILSARTAN	30 tablets per 30 days

Brand Name	Generic Name	Quantity Limit
EDARBYCLOR TABLET	AZILSARTAN/CHLORTHALI DONE	30 tablets per 30 days
Edurant	rilpivirine	30 tablets per month
Effexor 100mg tablet	venlafaxine	90 tablets per month
Effexor 25mg tablet	venlafaxine	90 tablets per month
Effexor 37.5mg tablet	venlafaxine	60 tablets per month
Effexor 50mg tablet	venlafaxine	120 tablets per month
Effexor 75mg tablet	venlafaxine	150 tablets per month
EFFEXOR XR 150 MG CAPSULE SA	VENLAFAXINE	60 capsules per 30 days
Effexor XR 225mg	Venlafaxine ER	30 tablets per month
EFFEXOR XR 37.5 MG CAPSULE SA	VENLAFAXINE	30 capsules per 30 days
EFFEXOR XR 75 MG CAPSULE SA	VENLAFAXINE	90 capsules per 30 days
EFFIENT 10 MG TABLET	PRASUGREL	30 tablets per 30 days
Elavil 100mg, 150mg	amitriptyline	60 tablets per month
Elavil 10mg, 25mg, 50mg, 75mg	amitriptyline	30 tablets per month
ELDEPRYL 5 MG CAPSULE	SELEGILINE	60 capsules per 30 days
ELIPHOS 667 MG TABLET	CALCIUM ACETATE	360 tablets per 30 days
ELIQUIS STARTER PACK	APIXABAN	74 tablets per 365 days
ELIQUIS TABLET	APIXABAN	60 tablets per 30 days
ELMIRON 100 MG CAPSULE	PENTOSAN POLYSULFATE SODIUM	90 capsules per 30 days
Elocon	mometasone cream, ointment	120g per 30 days
EMBEDA ER CAPSULE	MORPHINE SULFATE/ NALTREXONE HCL ER	30 capsules per 30 days
EMBRACE BLOOD GLUCOSE METER	BLOOD GLUCOSE METER	1 meter per 365 days
EMEND 115 MG and 150 MG INJECTION VIAL	FOSAPREPITANT	3 vials per 30 days
EMEND 125 MG CAPSULE	APREPITANT	10 capsules per 30 days
EMEND 125 MG POWDER PACKET	APREPITANT	30 packets per 30 days
EMEND 40 and 80 MG CAPSULE	APREPITANT	30 capsules per 30 days
EMEND BIFOLD AND TRIFOLD PACK	APREPITANT	30 capsules per 30 days
EMGALITY 100MG	GALCANEZUMAB-GNLM	3 syringes per 30 days
EMGALITY 120MG	GALCANEZUMAB-GNLM	2 syringes for 30 days for first month, then 1 syringe per 30 days
EMLA	lidocaine/prilocaine cream	30g per 30 days
EMSAM HR TRANSDERMAL PATCH	SELEGILINE	30 patches per 30 days
Emtriva 200mg	emtricitabine	30 capsules per month
EMVERM 100 MG CHEWABLE TABLET	MEBENDAZOLE	60 tablets per 30 days
ENABLEX ER TABLET	DARIFENACIN	30 tablets per 30 days
Enbrel 25mg	etanercept	8 vials per 28 days

Brand Name	Generic Name	Quantity Limit
Enbrel 50mg	etanercept	Plaque psoriasis: 8 vials per 28 days for the first 3 months, then 4 vials per 28 days All other diagnoses: 4 vials per month
ENGERIX-B PEDIATRIC SYRINGE/VIAL	HEPATITIS B VIRUS VACCINE	3 vials/syringes per year
ENTRESTO 24 MG/26 MG TABLET	SACUBITRIL/VALSARTAN	60 tablets per 180 days
Entresto 49/51 and 97/103	sacubitril/valsartan	60 tablets per 30 days
ENTYVIO 300 MG/20 ML VIAL	VEDOLIZUMAB	2 vials (40 ml) per 28 days for the first month, 1 vial (20 ml) per 28 days for the second month, then 1 vial (20 ml) per 56 days
EPCLUSA 400 MG/100 MG TABLET	SOFOBUVIR/VELPATASVIR	30 tablets per 30 days
Epipen	epinephrine	1 kit (2 syringes) per 30 days
Epivir 100mg	lamivudine	90 tablets per month
Epivir 150mg	lamivudine	60 tablets per month
Epivir 300mg	lamivudine	30 tablets per month
Epzicom	abacavir/lamivudine	30 tablets per month
EQUETRO 100 MG CAPSULE	CARBAMAZEPINE ER	180 capsules per 30 days
EQUETRO 200 MG CAPSULE	CARBAMAZEPINE ER	240 capsules per 30 days
EQUETRO 300 MG CAPSULE	CARBAMAZEPINE ER	150 capsules per 30 days
ERGOMAR 2 MG TABLET SL	ERGOTAMINE TARTRATE	22 tablets per 30 days
ERIVEDGE 150 MG CAPSULE	VISMODEGIB	30 capsules per 30 days
Erleada	Apalutamide	120 tablets per 30 days
Erygel	ERYTHROMYCIN GEL	60g per 30 days
ESBRIET 267 MG CAPSULE/TABLET	PERFENIDONE	207 tablets per 30 days
ESBRIET 801 MG TABLET	PERFENIDONE	90 tablets per 30 days
ESGIC 50 MG/325 MG/40 MG CAPSULE/TABLET	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	18 tablets/capsules per 30 days
ESOMEPRAZOLE STRONTIUM 49.3 MG DR CAPSULE	ESOMEPRAZOLE STRONTIUM	30 capsules per 30 days
Eucrisa	Crisaborole	60 grams per 30 days
EUFLEXXA 20 MG/2 ML SYRINGE	HYALURONIC ACID	6 syringes (12 ml) every 6 months
EULIXIN 125 MG CAPSULE	FLUTAMIDE	180 capsules per 30 days
EVEKEO 10 MG TABLET	AMPHETAMINE SULFATE	180 tablets per 30 days
EVEKEO 5 MG TABLET	AMPHETAMINE SULFATE	60 tablets per 30 days
EVISTA 60 MG TABLET	RALOXIFENE	30 tablets per 30 days
Evotaz	atazanavir/cobicistat	30 tablets per month
Evrysdi 0.75mg/mL Oral Powder for Solution	Risdiplam	210mL per 30 days

Brand Name	Generic Name	Quantity Limit
EXALGO 8, 12, 16, 32 MG ER TABLET	HYDROMORPHONE ER	30 tablets per 30 days
EXCEDRIN EXTRA STRENGTH 250 MG/250 MG/65 MG	ASPIRIN/ACETAMINOPHEN/CAFFEINE	390 tablets per 30 days
EXCEDRIN TENSION HEADACHE 500 MG/65 MG	ACETAMINOPHEN/CAFFEINE	180 tablets per 30 days
Exelon	rivastigmine	60 tablets per month
EXFORGE TABLET (5/160, 5/320, 10/160, 10/320 MG)	AMLODIPINE/VALSARTAN	30 tablets per 30 days
EXFORGE HCT TABLET (5/160/12.5, 5/160/25, 10/160/12.5, 10/160/25, 10/320/25)	AMLODIPINE/VALSARTAN/HCTZ	30 tablets per 30 days
EYLEA 2 MG/0.05 INTRAVITREAL INJECTION VIAL	AFLIBERCEPT	2 vials (0.1 mL) per 28 days
FAMVIR 125 and 250 MG TABLET	FAMCICLOVIR	180 tablets per 30 days
FAMVIR 500 MG TABLET	FAMCICLOVIR	120 tablets per 30 days
FANAPT TABLET AND TITRATION PACK	ILOPERIDONE	60 tablets per 30 days
FARESTON 60 MG TABLET	TOREMIFENE	30 tablets per 30 days
FARXIGA 5 AND 10 MG TABLET	DAPAGLIFLOZIN	30 tablets per 30 days
FARYDAK 10, 15, 20 MG CAPSULE	PANOBINOSTAT	15 capsules per 30 days
Fasenra 30 MG/1 ML	Benralizumab	1 pen/syringe every 28 days for the first 3 doses, then 1 pen/syringe every 56 days
FELDENE 10 and 20 MG CAPSULE	PIROXICAM	30 capsules per 30 days
FEMARA 2.5 MG TABLET	LETROZOLE	30 tablets per 30 days
FENOGLIDE 120 MG TABLET	FENOFIBRATE	30 tablets per 30 days
FENOGLIDE 40 MG TABLET	FENOFIBRATE	60 tablets per 30 days
FENTANYL 37.5, 62.5, 87.5 MCG/HR PATCH	FENTANYL TRANSDERMAL	10 patches per 30 days
FENTORA BUCCAL TABLET (100, 200, 300, 400, 600, 800 MCG)	FENTANYL CITRATE BUCCAL	120 tablets per 30 days
FETZIMA ER CAPSULE (20, 40, 80, 120 MG)	LEVOMILNACIPRIN	30 capsules per 30 days
FEXMID 7.5 MG TABLET	CYCLOBENZAPRINE	90 tablets per 30 days
FIBRICOR 105 MG TABLET	FENOFIBRIC ACID	30 tablets per 30 days
FIBRICOR 35 MG TABLET	FENOFIBRIC ACID	60 tablets per 30 days
Fintepla 2.2mg/mL Oral Solution	Fenfluramine	360mL per 30 days
FIORICET 50 MG/300 MG/40 MG CAPSULE	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	18 capsules per 30 days
FIORICET 50 MG/325 MG/40 MG TABLET	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	18 tablets per 30 days
FIORICET W/ CODEINE 50MG/300 MG/40MG/30MG CAPSULE	BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE	18 capsules per 30 days
FIORICET W/ CODEINE 50MG/325 MG/40MG/30MG CAPSULE	BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE	18 capsules per 30 days

Brand Name	Generic Name	Quantity Limit
FIORINAL 50 MG/325 MG/40 MG CAPSULE	BUTALBITAL/ASA/CAFFEINE	18 capsules per 30 days
FIORINAL W/ CODEINE 50 MG/325 MG/40 MG/30 MG CAPSULE	BUTALBITAL/ASA/CAFFEINE/CODEINE	18 capsules per 30 days
Firazyr	icatabant acetate	6 syringes per month
FLAGYL ER 750 MG TABLET	METRONIDAZOLE	30 tablets per 30 days
FLECTOR 180 MG PATCH	DICLOFENAC	60 patches per 30 days
FLEXERIL 5 and 10 MG TABLET	CYCLOBENZAPRINE	90 tablets per 30 days
Flomax	tamsulosin	60 capsules per month
Flonase	fluticasone propionate nasal spray	1 nasal spray devices per month
FLONASE SENSIMIST 27.5 MCG SPRAY	FLUTICASONE FUROATE	2 bottles (19.8mL) per 30 days
Flovent Diskus 250 mcg	fluticasone propionate inhaler	4 inhalers per month
Flovent Diskus 50 and 100 mcg	fluticasone propionate inhaler	1 inhaler per month
Flovent HFA 220 mcg	fluticasone propionate inhaler	2 inhalers per month
Flovent HFA 44 and 110 mcg	fluticasone propionate inhaler	1 inhaler per month
FLU VACCINE PEDIATRIC SYRINGE	INFLUENZA VIRUS VACCINE	1 syringe per 28 days
FLU VACCINE SYRINGE and VIAL	INFLUENZA VIRUS VACCINE	1 syringe/vial per 6 months
FLUMIST NASAL SPRAY	INFLUENZA VIRUS VACCINE	1 dose (0.2mL) per 28 days
FLUOXETINE 60 MG TABLET	FLUOXETINE 60 MG TABLET	30 tablets per 30 days
FLURBIPROFEN 100 MG TABLET	FLURBIPROFEN	90 tablets per 30 days
FLURBIPROFEN 50 MG TABLET	FLURBIPROFEN	120 tablets per 30 days
Focalin	dexmethylphenidate	60 tablets per month
Focalin XR	dexmethylphenidate	30 tablets per month
FORADIL AEROLIZER 12 MCG CAP	FORMOTEROL	60 capsules per 30 days
FORFIVO XL 450 MG TABLET	BUPROPION	30 tablets per 30 days
FORTAMET ER 1,000 MG TABLET	METFORMIN ER	60 tablets per 30 days
FORTAMET ER 500 MG TABLET	METFORMIN ER	90 tablets per 30 days
FORTAZ 500 MG, 1 GM, 2 GM VIAL and TWISTVIAL	CEFTAZIDIME	90 vials per 30 days
FORTAZ 6 GM VIAL	CEFTAZIDIME	30 vials per 30 days
FORTAZ-ISO-OSMOT 1 and 2 GM/50 ML	CEFTAZIDIME	4500 mL per 30 days
Forteo	teriparatide	1 prefilled pen per 28 days; 26 pens per lifetime
FORTESTA 10 MG GEL PUMP	TESTOSTERONE	1 canister per 17 days
FORTICAL 200 UNITS NASAL SPRAY	CALCITONIN-SALMON	1 bottle per 30 days
FOSAMAX 35 and 70 MG TABLET	ALENDRONATE	4 tablets per 28 days
FOSAMAX 5, 10, 40 MG TABLET	ALENDRONATE	30 tablets per 30 days
FOSAMAX 70 MG/75 ML ORAL SOLUTION	ALENDRONATE	300mL per 28 days

Brand Name	Generic Name	Quantity Limit
FOSAMAX PLUS D TABLET (70 MG/2800 IU, 70 MG/5600 IU)	ALENDRONATE/CHOLECALCIFEROL	4 tablets per 28 days
FOSRENOL CHEWABLE TABLET (500, 750, 1000 MG)	LANTHANUM CARBONATE	90 tablets per 30 days
FOSRENOL POWDER PACKET (750 and 1000 MG)	LANTHANUM CARBONATE	90 packets per 30 days
Fragmin	dalteparin	10 syringes per month
Freestyle Libre 10 day sensor	blood sugar diagnostic sensor	3 sensors per 30 days
Freestyle Libre 14 day sensor (includes both Freestyle Libre and Freestyle Libre 2)	blood sugar diagnostic sensor	2 sensors per 28 days
Freestyle Libre Reader (includes Freestyle Libre and Freestyle Libre 2)		1 per 365 days
FROVA 2.5 MG TABLET	FROVATRIPTAN	9 tablets per 30 days
FULYZAQ DR 125 MG TABLET	CROFELEMER	60 tablets per 30 days
FURADANTIN 25 MG/5 ML SUSPENSION	NITROFURANTOIN	600mL per 30 days
FUZEON INJECTION 90 MG VIAL and CONVENIENCE KIT	ENFUVIRTIDE	60 vials per 30 days
FYCOMPA 0.5 MG/ML SUSPENSION	PERAMPANEL	720mL per 30 days
FYCOMPA 2 MG TABLET	PERAMPANEL	60 tablets per 30 days
FYCOMPA 4, 6, 8, 10, 12 MG TABLET	PERAMPANEL	30 tablets per 30 days
Galafold	Miglastat	16 capsules per 30 days
GARDASIL and GARDASIL 9 VACCINE SYRINGE and VIAL	HPV VACCINE	1 syringe/vial per 30 days
Gavreto 100 mg Capsule	pralsetinib	120 capsules per 30 days
GELNIQUE 10% GEL PUMP	OXYBUTYNIN	1 canister per 30 days
GELNIQUE 10% GEL SACHET	OXYBUTYNIN	30 sachets per 30 days
GEL-ONE 30 MG/3 ML SYRINGE	HYALURONATE SODIUM	2 syringes per 30 days
GELSYN-3 16.8 MG/2 ML SYRINGE	HYALURONATE SODIUM	6 syringes per 21 days
Gemtesa tablets	vibegron	30 tablets per 30 days
GENVISC 850 25 MG/2.5 ML SYRINGE	HYALURONATE SODIUM	10 syringes per 35 days
Genvoya	elvitegravir/cobicistat/emtricitabine/tenofovir	30 tablets per month
Geodon 20mg, 40mg, 80mg	ziprasidone	60 capsules per month
Geodon 60mg	ziprasidone	90 capsules per month
GIAZO 1.1 GRAM TABLET	BALSALAZIDE	180 tablets per 30 days
Gilenya	Fingolimod	30 capsules per month
GILOTRIF 20, 30, 40 MG TABLET	AFATINIB DIMALEATE	30 tablets per 30 days
GLEEVEC 100 MG TABLET	IMATINIB MESYLATE	180 tablets per 30 days
GLEEVEC 400 MG TABLET	IMATINIB MESYLATE	60 tablets per 30 days
Glucagon Emergency Kit	Glucagon	2 kits per month

Brand Name	Generic Name	Quantity Limit
GLUCOPHAGE 1,000 MG TABLET	METFORMIN HCL 1,000 MG TABLET	75 tablets per 30 days
GLUCOPHAGE 500 MG TABLET	METFORMIN HCL 500 MG TABLET	150 tablets per 30 days
GLUCOPHAGE 850 MG TABLET	METFORMIN HCL 850 MG TABLET	90 tablets per 30 days
GLUCOPHAGE XR 500 MG TABLET	METFORMIN HCL ER 500 MG TABLET	150 tablets per 30 days
GLUCOPHAGE XR 750 MG TABLET	METFORMIN HCL ER 750 MG TABLET	90 tablets per 30 days
GLUCOTROL 5 and 10 MG TABLET	GLIPIZIDE	120 tablets per 30 days
GLUCOTROL XL 10 MG TABLET	GLIPIZIDE ER	60 tablets per 30 days
GLUCOTROL XL 2.5 and 5 MG TABLET	GLIPIZIDE ER	30 tablets per 30 days
GLUCOVANCE TABLET (1.25/250, 2.5/500, 5/500 MG)	GLYBURIDE/METFORMIN	120 tablets per 30 days
GLUMETZA ER 1000 MG TABLET	METFORMIN ER	60 tablets per 30 days
GLUMETZA ER 500 MG TABLET	METFORMIN ER	90 tablets per 30 days
GLYNASE 1.5 and 3 MG TABLET	GLYBURIDE MICRONIZED	120 tablets per 30 days
GLYNASE 6 MG TABLET	GLYBURIDE MICRONIZED	60 tablets per 30 days
GLYSET 25, 50, 100 MG TABLET	MIGLITOL	90 tablets per 30 days
GLYXAMBI TABLET (10/5, 25/5 MG)	EMPAGLIFLOZIN/LINAGLIPTIN	30 tablets per 30 days
Gocovri 68.5 mg	amantadine	30 capsules per month
Gocovri 137 mg	Amantadine	60 capsules per month
GOODY'S EX-STR POWDER PACKET 500 MG/325 MG/CAFFEINE	ASPIRIN/ACETAMINOPHEN/CAFFEINE	240 packets per 30 days
Grastek	Timothy grass pollen	30 tablets per month
Halcion 0.125mg	triazolam	120 tablets per month
Halcion 0.25mg	triazolam	60 tablets per month
Haldol 0.5mg, 1mg, 2mg	haloperidol	90 tablets per month
Haldol 10mg	haloperidol	60 tablets per month
Haldol 20mg	haloperidol	30 tablets per month
Haldol 5mg	haloperidol	120 tablets per month
HARVONI 90 MG/400 MG TABLET	LEDIPASVIR/SOFOSBUVIR	30 tablets per 30 days
HAVRIX SYRINGE and VIAL	HEPATITIS A VIRUS VACCINE	1 syringe/vial per 30 days
HEPSERA 10 MG TABLET	ADEFOVIR DIPIVOXIL	30 tablets per 30 days
HETLIOZ 20 MG CAPSULE	TASIMELTEON	30 capsules per 30 days
Hetlioz LQ suspension	tasmelteon	158 mL per 30 days
HORIZANT ER 300 and 600 MG TABLET	GABAPENTIN ENACARBIL	60 tablets per 30 days
Humalog and Humalog Mix (50-50 and 75-25)	insulin lispro	30 mL per month

Brand Name	Generic Name	Quantity Limit
Humira 10mg syringe	adalimumab	JIA (<15kg): 2 syringes per 28 days
Humira 20mg syringe	adalimumab	JIA (15-30 kg): 2 syringes per 28 days Ped Crohns (<40kg): 6 syringes for the first 28 days, then 2 syringes per 28 days thereafter
Humira 40mg syringe	adalimumab	AS, PsA, RA, JIA: 2 syringes per 28 days Psoriasis, Uveitis: 4 syringes for the first 28 days, then 2 per 28 days thereafter Crohns, UC: 6 syringes for the first 28 days, then 2 per 28 days thereafter HS: 6 syringes for the first 28 days, then 4 per 28 days thereafter
HUMIRA PEDIATRIC CROHN'S 3-SYRINGE STARTER KIT (< 88 lbs)	ADALIMUMAB	1 kit per 6 months
HUMIRA PEDIATRIC CROHN'S 6-SYRINGE STARTER KIT (≥ 88 lbs)	ADALIMUMAB	1 kit per 6 months
Humulin N, R (U-100 and U-500), 70/30	human insulin isophane/ human insulin regular	30 mL per month
HYALGAN SYRINGE and VIAL (10 MG/ML and 20 MG/2 ML)	HYALURONATE SODIUM	10 syringes/vials per 35 days
Hycet solution	hydrocodone/acetaminophen solution	2700 mL per month
Hycodan	hydrocodone/homatropine	900 ml per month
Hycodan	hydrocodone/homatropine	180 tablets per month
HYDERGINE 1 MG TABLET	ERGOLOID MESYLATES	90 tablets per 30 days
HYDROCODONE/APAP 2.5-167 MG/5 ML ORAL SOLUTION	HYDROCODONE/ACETAMINOPHEN	1800mL per 30 days
HYDROCODONE/APAP 5-217 MG/10 ML ORAL SOLUTION	HYDROCODONE/ACETAMINOPHEN	3000mL per 30 days
HYDROXYPROGESTERONE CAPROATE 1.25 GM/5 ML MDV	HYDROXYPROGESTERONE CAPROATE	1 vial per 30 days
HYMOVIS 24 MG/3 ML SYRINGE	HYALURONATE, NON-CROSSLINKED	4 syringes per 14 days
HYSINGLA TABLET (20, 30, 40, 60, 80, 100, 120 MG)	HYDROCODONE ER	30 tablets per 30 days
HYTRIN 1, 2, 5 MG CAPSULE	TERAZOSIN	30 capsules per 30 days
HYTRIN 10 MG CAPSULE	TERAZOSIN	60 capsules per 30 days
HYZAAR 100-12.5 and 100-25 MG TABLET	LOSARTAN/HCTZ	30 tablets per 30 days
HYZAAR 50-12.5 TABLET	LOSARTAN/HCTZ	60 tablets per 30 days
IBRANCE 75, 100, 125 MG CAPSULE	PALBOCICLIB	30 capsules per 30 days
Ibsrela	Tenapanor	60 tablets per 30 days
IBUPROFEN 100 MG/5 ML LIQUID	IBUPROFEN	1800mL per 30 days
IBUPROFEN 50 MG/1.25 ML LIQUID	IBUPROFEN	240mL per 30 days

Brand Name	Generic Name	Quantity Limit
IBUPROFEN TABLET/CAPLET (100, 200, 400, 600, 800 MG)	IBUPROFEN	120 tablets/caplets per 30 days
ICLUSIG 15 MG TABLET	PONATINIB	60 tablets per 30 days
ICLUSIG 45 MG TABLET	PONATINIB	30 tablets per 30 days
IDHIFA 50 and 100 MG TABLET	ENASIDENIB	30 tablets per 30 days
Ilaris 150 mg vial	canakinumab	2 vials per 28 days
Ilumya	tildrakizumab-asmn	1 syringe per 28 days for first 2 months, then 1 syringe per 84 days thereafter
Iluvien 0.19 mg Intraocular Implant	fluocinolone intraocular	2 implants per year
IMBRUVICA 140 MG CAPSULE	IBRUTINIB	60 capsules per 30 days
IMBRUVICA 70MG CAPSULE	IBRUTINIB	30 capsules per 30 days
IMBRUVICA TABLET (140, 280, 420, 560 MG)	IBRUTINIB	30 tablets per 30 days
Imitrex 100mg	sumatriptan	9 tablets per month
Imitrex 25mg, 50mg	sumatriptan	18 tablets per month
Imitrex Injection	sumatriptan	2 boxes (4 injections) per month
Imitrex Nasal Spray	sumatriptan	1 box (6 spray units) per month
Imodium 2 mg capsule	loperamide	240 capsules per 30 days
Imodium A-D 1 mg/5 ml solution	loperamide	2400 ml per 30 days
Imodium A-D 1 mg/7.5 ml (2 mg/15 ml) Suspension	loperamide	3600 ml per 30 days
Impavido 50 mg capsule	miltefosine	90 capsules per 30 days
Implanon 68 mg Implant	etonogestrel implant	1 device every 3 years
Incruse Ellipta	umeclidinium	1 inhaler per month
Inderal Xl capsule	propranolol	30 capsules per 30 days
Indocin 25 mg/5 ml liquid	indomethacin	1200 ml per 30 days
Indocin 50 mg Suppository	indomethacin	120 suppositories per 30 days
Indocin capsule	indomethacin	120 capsules per 30 days
Indocin ER 75 mg capsule	indomethacin	60 capsules per 30 days
Ingrezza 40mg, 80mg	Valbenazine	30 capsules per month
Inlyta 1 mg tablet	axitinib	180 tablets per 30 days
Inlyta 5 mg tablet	axitinib	120 tablets per 30 days
Innopran Xl capsule	propranolol	30 capsules per 30 days
Inqovi	Decitabine/cedazuridine	5 tablets per 28 days
Inrebic	Fedratinib	120 capsules per 30 days
Inspra 25 mg tablet	eplerenone	120 tablets per 30 days
Inspra 50 mg tablet	eplerenone	60 tablets per 30 days
Intal	cromolyn sodium inhalation solution	120 vials or 240mL per month

Brand Name	Generic Name	Quantity Limit
Intelence 100 and 200 mg	etravirine	60 tablets per month
Intuniv	guanfacine	30 tablets per month
Invanz 1 Gm vial	ertapenem	30 vials per 30 days
Invega ER 1.5 mg, 3 mg, 9 mg tablet	paliperidone ER	30 tablets per 30 days
Invega ER 6 mg tablet	paliperidone ER	60 tablets per 30 days
Invega Sustenna	paliperidone palmitate	1 syringe per 28 days
Invirase 200mg	saquinavir	300 capsules per month
Invirase 500mg	saquinavir	120 tablets per month
Invokamet 150/1000 mg, 150/500 mg, 50/1000 mg tablet	canagliflozin/metformin	60 tablets per 30 days
Invokamet 50/500 mg tablet	canagliflozin/metformin	90 tablets per 30 days
Invokamet XR tablet	canagliflozin/metformin	60 tablets per 30 days
Invokana 100 mg tablet	canagliflozin	60 tablets per 30 days
Invokana 300 mg tablet	canagliflozin	30 tablets per 30 days
Iressa 250 mg tablet	gefitinib	60 tablets per 30 days
Isentress	raltegravir potassium	60 tablets per month
Isentress 100 mg PowdER Packets	raltegravir powder	60 packets per 30 days
Isentress Chewable tablet	raltegravir	180 tablets per 30 days
Jakafi tablet	ruxolitinib	60 tablets per 30 days
Jalyn 0.5 mg/0.4 mg capsule	dutasteride/tamsulosin	30 capsules per 30 days
Janumet	sitagliptin/metformin	60 tablets per month
Janumet XR 100/1000	sitagliptin/metformin XR	30 tablets per month
Janumet XR 50/1000, 50/500	sitagliptin/metformin XR	60 tablets per month
Januvia	sitagliptin	30 tablets per month
Jardiance	Empagliflozin	30 tablets per month
Jentadueto tablet	linagliptin/metformin	60 tablets per 30 days
Jentadueto XR 2.5 mg/1000 mg tablet	linagliptin/metformin ER	60 tablets per 30 days
Jentadueto XR 5 mg/1000 mg tablet	linagliptin/metformin ER	30 tablets per 30 days
Jetrea vial	ocriplasmin	2 vials per 30 days
Juluca 50-25 mg tablet	dolutegravir and rilpivirine	30 tablets per 30 days
Juxtapid capsule	lomitapide	30 capsules per 30 days
Kadian ER 10 and 20 mg capsule	morphine sulfate ER	60 capsules per 30 days
Kadian ER 30, 40, 50, 60, 70, 80, 100, 200 mg capsule	morphine sulfate ER	30 capsules per 30 days
Kalbitor	Ecallantide	4 kits per month
Kaletra 100-25	lopinavir/ritonavir	240 tablets per month
Kaletra 200-50	lopinavir/ritonavir	120 tablets per month
Kalydeco 150 mg tablet	ivacaftor	60 tablets per 30 days

Brand Name	Generic Name	Quantity Limit
Kalydeco Granules Packet	ivacaftor	60 packets per 30 days
Kapvay 0.1 mg ER tablet	clonidine ER	120 tablets per 30 days
Kazano tablet	alogliptin/metformin	60 tablets per 30 days
Kenalog	triamcinolone cream, lotion, ointment	120g per 30 days
Kenalog In Orabase Dental Paste	triamcinolone	15 grams per 30 days
Keppra 100 mg/ml Oral Soln	levetiracetam	1200 ml per 30 days
Keppra 1000 mg tablet	levetiracetam	90 tablets per 30 days
Keppra 250 and 500 mg tablet	levetiracetam	180 tablets per 30 days
Keppra 500 mg/5 ml Injection vial	levetiracetam	900 ml per 30 days
Keppra 750 mg tablet	levetiracetam	120 tablets per 30 days
Keppra XR 500 mg tablet	levetiracetam	180 tablets per 30 days
Keppra XR 750 mg tablet	levetiracetam	120 tablets per 30 days
Ketonazole cream	Ketonazole cream	120 grams/ 30 days
Ketoprofen 50 mg capsule	ketoprofen	180 capsules per 30 days
Ketoprofen 75 mg capsule	ketoprofen	120 capsules per 30 days
Ketoprofen ER 200 mg capsule	ketoprofen	30 capsules per 30 days
Kevzara Syringe	sarilumab	2 syringes per 28 days
Kisqali 200 mg Daily Dose (21 X 200 mg tablets)	ribociclib succinate	21 tablets per 28 days
Kisqali 400 mg Daily Dose (42 X 200 mg tablets)	ribociclib succinate	42 tablets per 28 days
Kisqali 600 mg Daily Dose (63 X 200 mg tablets)	ribociclib succinate	63 tablets per 28 days
Kisqali Femara Co-Pack	ribociclib succinate/letrozole	1 pack per 28 days
Kitabis Pak 300 mg/5 ml Nebulizer Kit	tobramycin	280ml per 28 days
Klisyri packets	tirbanibulin	5 packets per 30 days
Klonopin 0.5mg, 1mg	clonazepam	120 tablets per month
Klonopin 2mg	clonazepam	90 tablets per month
Klonopin Wafers 1 mg ODT	clonazepam odt	120 wafers per 30 days
Klonopin Wafers 2 mg ODT	clonazepam odt	90 wafers per 30 days
Klonopin Wafers ODT (0.125, 0.25, 0.5 MG)	clonazepam odt	180 wafers per 30 days
Kombiglyze XR 2.5 mg/1000 mg tablet	saxagliptin/metformin ER	60 tablets per 30 days
Kombiglyze XR 5/500 and 5/1000 mg tablet	saxagliptin/metformin ER	30 tablets per 30 days
Korlym 300 mg tablet	mifepristone	120 tablets per 30 days
Koselugo 10 mg	Selumetinib	240 capsules per 30 days
Koselugo 25 mg capsule	selumetinib	120 capsules per 30 days
Krystexxa	pegloticase	2 vials per 28 days
Kyleena 19.5 mg Intrauterine System	levonorgestral	1 device every 5 years

Brand Name	Generic Name	Quantity Limit
Kynamro 200 mg/ml Syringe	mipomersen	4 syringes per 28 days
Kytril 1 mg tablet	granisetron	2 tablets per day
Lamictal (all strengths)	lamotrigine	60 tablets per month
Lamictal XR (all strengths)	lamotrigine	60 tablets per month
Lamisil	terbinafine	90 tablets per year
Lantus	insulin glargine	30 mL per month
Latuda	lurasidone	30 tablets per month
Latuda 80mg	lurasidone	60 tablets per month
Lazanda Nasal Spray	fentanyl citrate nasal	15 bottles per 30 days
Lemtrada 12 mg/1.2 ml vial	alemtuzumab	5 vials per 365 days
Lenvima capsules	lenvatinib mesylate	90 capsules per 30 days
Lescol capsule	fluvastatin	60 capsules per 30 days
Lescol Xl 80 mg tablet Sa	fluvastatin	30 tablets per 30 days
Letairis	ambrisentan	30 tablets per month
Levemir	insulin detemir	30 mL per month
Levo-Dromoran 2 mg tablet	levorphanol	120 tablets per 30 days
Lexapro 10mg	escitalopram	45 tablets per 30 days
Lexapro 5mg, 20mg	escitalopram	30 tablets per month
Lexiva 700mg	fosamprenavir	120 tablets per month
Lialda Dr 1.2 Gram tablet	mesalamine	120 tablets per 30 days
Librax 2.5 mg/5 mg capsule	clidinium/chlordiazepoxide	240 capsules per 30 days
Librium 5mg, 10mg, 25mg	chlordiazepoxide	120 capsules per month
Lidocaine 5% patch	Lidocaine	90 patches per 30 days
Lidocaine ointment	Lidocaine	180 grams per 30 days
Liletta 52 mg System (IUD)	levonorgestrel intrauterine	1 device every 4 years
Limbitrol 12.5/5 mg tablet	amitriptyline/chlordiazepoxide	180 tablets per 30 days
Limbitrol Ds 25/10 mg tablet	amitriptyline/chlordiazepoxide	180 tablets per 30 days
Linzess capsule	linaclotide	30 capsules per 30 days
Lioresal 10 mg tablet	baclofen	150 tablets per 30 days
Lioresal 20 mg tablet	baclofen	120 tablets per 30 days
Lipitor	Atorvastatin	30 tablets per month
Lipofen 150 mg capsule	fenofibrate	30 capsules per 30 days
Lipofen 50 mg capsule	fenofibrate	60 capsules per 30 days
Lithobid 150mg	lithium	360 capsules per month
Lithobid 300mg	lithium	180 capsules per month
Lithobid 600mg	lithium	90 capsules per month
Lithobid XR 300mg, 450mg	lithium	120 tablets per month

Brand Name	Generic Name	Quantity Limit
Livalo tablet	pitavastatin	30 tablets per 30 days
Locoid cream, ointment, solution	HYDROCORTISONE BUTYRATE	120g per 30 days
Lodine 200 mg capsule	etodolac	120 capsules per 30 days
Lodine 300 mg capsule	etodolac	90 capsules per 30 days
Lodine 400 and 500 mg tablet	etodolac	60 tablets per 30 days
Lodine XI 400 and 500 mg tablet	etodolac ER	60 tablets per 30 days
Lodine XI 600 mg tablet	etodolac ER	30 tablets per 30 days
Lodosyn 25 mg tablet	carbidopa	240 tablets per 30 days
Lofibra capsule	fenofibrate micronized	30 capsules per 30 days
Lofibra tablet	fenofibrate micronized	30 tablets per 30 days
Lonhala Magnair 25 mcg Starter/Refill	glycopyrrolate	60 vials per 30 days
Lonsurf 15 mg/6.14 mg tablet	trifluridine/tipiracil	100 tablets per 28 days
Lonsurf 20 mg/8.19 mg tablet	trifluridine/tipiracil	80 tablets per 28 days
Lopid 600 mg tablet	gemfibrozil	60 tablets per 30 days
Loprox cream and gel	CICLOPIROX	120g per 30 days
Loprox shampoo and suspension	CICLOPIROX	120mL per 30 days
Lorazepam Intensol	lorazepam concentrate 2mg/mL	90mL per 30 days
Lorbrena 100mg	lorlatinib	30 tablets per 30 days
Lorbrena 25mg	lorlatinib	90 tablets per 30 days
Lorcet, Lorcet HD, Lorcet Plus	hydrocodone/acetaminophen	180 tablets per month
Lortab	hydrocodone/acetaminophen	180 tablets per month
Lortab Elixir 10 mg-300 mg/15 ml	hydrocodone/acetaminophen	2250 ml per 30 days
Lorzone tablet	chlorzoxazone	120 tablets per 30 days
Lotensin Hct tablet	benazepril/hydrochlorothiazide	30 tablets per 30 days
Lotensin tablet	benazepril	60 tablets per 30 days
Lotrel capsule	amlodipine/benazepril	30 capsules per 30 days
Lotrimin cream	CLOTRIMAZOLE 1%	120g per 30 days
Lotrimin solution	CLOTRIMAZOLE 1%	120mL per 30 days
Lotronex tablet	alosetron	60 tablets per 30 days
Lovaza 1 Gram capsule	omega-3-acid ethyl esters	120 capsules per 30 days
Lovenox	enoxaparin	28 syringes per 28 days
Loxitane 50mg	loxapine	150 capsules per month
Loxitane 5mg, 10mg, 25mg	loxapine	120 capsules per month
Lucentis Syringe and Vial	ranibizumab	2 syringes/vials per 28 days
Lunesta (all strengths)	Eszopiclone	30 tablets per 30 days

Brand Name	Generic Name	Quantity Limit
Lupaneta Pack 11.25/5 mg 3-Month Kit	leuprolide acetate/norethindrone acetate	1 kit every 90 days
Lupaneta Pack 3.75/5 mg 1-Month Kit	leuprolide acetate/norethindrone acetate	1 kit every 30 days
Lupkynis tablets	voclosporin	180 tablets per 30 days
Lupron Depot	leuprolide acetate	1 kit per month
Lutathera	Lutetium Lu 177 dotatate	20 ml per 56 days; 80 ml per lifetime
Luvox 25mg, 50mg, 100 mg	fluvoxamine	90 tablets per month
Luxiq cream and ointment	BETAMETHASONE VALERATE 0.1%	120g per 30 days
Luxiq Lotion	BETAMETHASONE VALERATE 0.1%	120mL per 30 days
Lynparza 100 and 150 mg tablet	olaparib	120 tablets per 30 days
Lynparza 50 mg capsule	olaparib	480 capsules per 30 days
Lyrica 225mg, 300mg	pregabalin	60 capsules per month
Lyrica 25mg, 50mg, 75mg, 100mg, 150mg, 200mg	pregabalin	90 capsules per month
Lyrica Cr 330 mg tablet	pregabalin extended-release	60 tablets per 30 days
Lyrica Cr 82.5 and 165 mg tablet	pregabalin extended-release	90 tablets per 30 days
Lysteda 650 mg tablet	tranexamic acid	180 tablets per 30 days
Macrobid 100 mg capsule	nitrofurantoin monohyd-macro	60 capsules per 30 days
Macrochantin 25 mg capsule	nitrofurantoin macrocrystal	30 capsules per 30 days
Macrochantin 50 and 100 mg capsule	nitrofurantoin macrocrystal	120 capsules per 30 days
Macugen 0.3 mg/0.09 ml Intravitreal Inj. Syringe	pegaptanib sodium	2 syringes every 42 days
Makena 1250 mg/5 ml Multi-Dose vial	hydroxyprogesterone caproate	1 vial per 35 days
Makena 250 mg/ml Single-Dose vial	hydroxyprogesterone caproate	4 vials per 28 days
Makena 275 mg/1.1 ml Auto-Injector	hydroxyprogesterone caproate	4 syringes per 28 days
Malarone 250 mg/100 mg tablet	atovaquone/proguanil	120 tablets per 30 days
Malarone 62.5 mg/25 mg Pediatric tablet	atovaquone/proguanil	90 tablets per 30 days
Marinol 10 mg capsule	dronabinol	90 capsules per 30 days
Marinol 2.5 and 5 mg capsule	dronabinol	180 capsules per 30 days
Marplan	Isocarboxazid	180 tablets per month
Masks		2 masks per 365 days
MAVIK 1 and 2 MG TABLET	TRANDOLAPRIL	30 tablets per 30 days
MAVIK 4 MG TABLET	TRANDOLAPRIL	60 tablets per 30 days
MAVYRET 100-40 MG TABLET	GLECAPREVIR/PIBRENTASV IR	90 tablets per 30 days
Maxair Autohaler	pirbuterol acetate	1 inhaler per month
Maxalt, Maxalt MLT	rizatriptan	18 tablets per month

Brand Name	Generic Name	Quantity Limit
MECLOFENAMATE 100 MG CAPSULE	MECLOFENAMATE	120 tablets per 30 days
MECLOFENAMATE 50 MG CAPSULE	MECLOFENAMATE	180 tablets per 30 days
Mekinist 0.5mg tab	trametinib	90 tablets per 30 days
Mekinist 2mg tab	trametinib	30 tablets per 30 days
MENACTRA VACCINE VIAL	MENINGOCOCCAL A, C, Y, W-135 VACCINE	1 vial per 30 days
MENOMUNE-A/C/Y/W-135 VIAL VACCINE	MENINGOCOCCAL A, C, Y, W-135 VACCINE	1 vial per 30 days
MENVEO A/C/Y/W-135 DIP VACCINE VIAL KIT	MENINGOCOCCAL A, C, Y, W-135 VACCINE	1 vial per 30 days
MEPRON 750 MG/5 ML SUSPENSION	ATOVAQUONE	600ml per 30 days
Metadate CD	methylphenidate extended release	30 capsules per month
METAGLIP TABLET (2.5/250, 2.5/500, 5/500 MG)	GLIPIZIDE/METFORMIN	120 tablets per 30 days
Methadone	methadone	90 tablets per month
METHITEST 10 MG TABLET	METHYLTESTOSTERONE	150 tablets per 30 days
Methylin	methylphenidate solution	900 ml per month
METHYLPHENIDATE ER 72 MG TABLET	METHYLPHENIDATE ER	30 tablets per 30 days
MEVACOR 10 and 20 MG TABLET	LOVASTATIN	45 tablets per 30 days
MEVACOR 40 MG TABLET	LOVASTATIN	60 tablets per 30 days
MIACALCIN 200 UNIT NASAL SPRAY	CALCITONIN-SALMON	3.9 mL per 30 days
MIACALCIN 200 UNIT/ML VIAL	CALCITONIN-SALMON	15 mL per 30 day s
MICARDIS 20, 40, 80 MG TABLET	TELMISARTAN	30 tablets per 30 days
MICARDIS HCT 40/12.5 MG TAB	TELMISARTAN/HCTZ	30 tablets per 30 days
MICARDIS HCT 80/12.5 MG TAB	TELMISARTAN/HCTZ	60 tablets per 30 days
MICARDIS HCT 80/25 MG TABLET	TELMISARTAN/HCTZ	30 tablets per 30 days
MICROLET 2 LANCING DEVICE	BLOOD GLUCOSE LANCING DEVICE	1 lancing device per month
MIDAZOLAM 2 MG/ML SYRUP	MIDAZOLAM	300mL per 30 days
Mifeprex	mifepristone	1 tablet per 30 days
MIGERGOT SUPPOSITORY	ERGOTAMINE TARTRATE/CAFFEINE	22 suppositories per month
MIGRANAL 4 MG/ML NASAL SPRAY	DIHYDROERGOTAMINE	9 mL per 30 days
MILTOWN 200 and 400 MG TABLET	MEPROBAMATE	120 tablets per 30 days
MIRAPEX ER TABLET (ALL STRENGTHS)	PRAMIPEXOLE ER	30 tablets per 30 days
MIRAPEX TABLET (ALL STRENGTHS)	PRAMIPEXOLE	90 tablets per 30 days
MITIGARE 0.6 MG CAPSULE	COLCHICINE	90 tablets per 30 days
M-M-R II VACCINE VIAL	MEASLES, MUMPS, RUBELLA VACCINE	1 vial per 28 days

Brand Name	Generic Name	Quantity Limit
MOBAN 25 MG TABLET	MOLINDONE	270 tablets per 30 days
MOBAN 5 and 10 MG TABLET	MOLINDONE	120 tablets per 30 days
MOBIC 15 MG TABLET	MELOXICAM	30 tablets per 30 days
MOBIC 7.5 MG TABLET	MELOXICAM	60 tablets per 30 days
MOBIC 7.5 MG/5 ML LIQUID	MELOXICAM	300 mL per 30 days
Modafinil 100mg, 200mg	modafinil	30 tablets per 30 days
MONOPRIL 10 and 20 MG TABLET	FOSINOPRIL	60 tablets per 30 days
MONOPRIL 40 MG TABLET	FOSINOPRIL	30 tablets per 30 days
MONOPRIL-HCT 10 MG/12.5 MG TABLET	FOSINOPRIL/HYDROCHLOROTHIAZIDE	60 tablets per 30 days
MONOPRIL-HCT 20 MG/12.5 MG TABLET	FOSINOPRIL/HYDROCHLOROTHIAZIDE	60 tablets per 30 days
MONOVISC 88 MG/4 ML SYRINGE	HYALURONATE SODIUM, STABILIZED	8 mL per 30 days
MORGIDOX KIT (1x50 MG, 1x100 MG, 2x100 MG)	DOXYCYCLINE/SKIN CLEANSER	1 kit per month
MORPHABOND ER 15, 30, 60, 100 MG TABLET	MORPHINE SULFATE	60 tablets per 30 days
MORPHINE 100 MG/5 ML CONCENTRATE (INTENSOL)	MORPHINE SULFATE	270mL per 30 days
MORPHINE 20 MG/ML CONCENTRATE (INTENSOL)	MORPHINE SULFATE	270 mL per 30 days
Morphine sulfate (concentrate) oral solution 100mg/5mL (20 mg/mL)	morphine sulfate solution	180 ml per month
Morphine sulfate oral solution 10mg/5mL and 20mg/5mL	morphine sulfate solution	900 ml per month
Motegrity tablet	Prucalopride	30 tablets per 30 days
MOVANTIK 12.5 and 25 MG TABLET	NALOXEGOL	30 tablets per 30 days
Moxeza	Moxifloxacin HCL Drops	1 bottle per month
MS CONTIN 15 MG TABLET	MORPHINE SULFATE ER	90 tablets per 30 days
MS CONTIN 30, 60, 100, 200 MG TABLET	MORPHINE SULFATE ER	60 tablets per 30 days
MSIR 10 MG/5 ML SOLN	MORPHINE SULFATE IR	900 mL per 30 days
MSIR 15 and 30 MG TABLET	MORPHINE SULFATE IR	180 tablets per 30 days
MSIR 20 MG/5 ML SOLN	MORPHINE SULFATE IR	450 mL per 30 days
Mulpleta	lusutrombopag	7 tablets per 30 days
MULTAQ 400 MG TABLET	DRONEDARONE	60 tablets per 30 days
MYCELEX 10 MG TROCHE	CLOTRIMAZOLE	150 troches per 30 days
MYDAYIS ER 12.5, 25, 37.5, 50 MG	AMPHETAMINE MIXED SALTS	30 tablets per 30 days
MYOBLOC INJECTION VIAL (2500, 5000, 10000 UNITS)	RIMABOTULINUMTOXIN B	1 vial per 84 days
Myorisan	isotretinoin	60 capsules per 30 days
MYRBETRIQ ER 25 and 50 MG TABLET	MIRABEGRON	30 tablets per 30 days

Brand Name	Generic Name	Quantity Limit
MYSOLINE 50 and 250 MG TABLET	PRIMIDONE	240 tablets per 30 days
NALFON 200 MG PULVULE	FENOPROFEN	360 tablets per 30 days
NALFON 400 MG CAPSULE	FENOPROFEN	120 tablets per 30 days
NAMENDA 10 MG/5 ML ORAL SOLUTION	MEMANTINE	300 mL per 30 days
NAMENDA 5 and 10 MG TABLET	MEMANTINE	60 tablets per 30 days
NAMENDA XR CAPSULE (ALL STRENGTHS)	MEMANTINE HCL EXTENDED-RELEASE	30 tablets per 30 days
NAMENDA XR TITRATION PACK	MEMANTINE HCL EXTENDED-RELEASE	30 tablets per 30 days
NAMZARIC ER CAPSULE (ALL STRENGTHS)	MEMANTINE/DONEPEZIL	30 tablets per 30 days
NAMZARIC TITRATION PACK	MEMANTINE/DONEPEZIL	30 tablets per 30 days
NAPRELAN CR 375 MG TABLET	NAPROXEN	90 tablets per 30 days
NAPRELAN CR 500 MG TABLET	NAPROXEN	90 tablets per 30 days
NAPRELAN CR 750 MG TABLET	NAPROXEN	60 tablets per 30 days
NAPRELAN CR DOSECARD 500 MG/750 MG	NAPROXEN	60 tablets per 30 days
NAPROSYN 250 MG TABLET/CAPLET	NAPROXEN	120 tablets per 30 days
NAPROSYN 375 MG TABLET/CAPLET	NAPROXEN	90 tablets per 30 days
NAPROSYN 500 MG TABLET/CAPLET	NAPROXEN	90 tablets per 30 days
NAPROXEN 125 MG/5 ML LIQUID	NAPROXEN	1800 ml per 30 days
NAPROXEN 220 MG TABLET/CAPLET	NAPROXEN	120 tablets per 30 days
Nardil	Phenelzine	180 tablets per month
NASACORT AQ 55 MCG	TRIAMCINOLONE	16.5mL per 30 days
NASONEX NASAL SPRAY	MOMETASONE	17.1mL per 30 days
NATESTO NASAL 5.5 MG/0.122 GM	TESTOSTERONE	23gm per 30 days
NATPARA 100 MCG DOSE CARTRIDGE	PARATHYROID HORMONE	2 cartridges per 28 days
NATPARA 25 MCG DOSE CARTRIDGE	PARATHYROID HORMONE	2 cartridges per 28 days
NATPARA 50 MCG DOSE CARTRIDGE	PARATHYROID HORMONE	2 cartridges per 28 days
NATPARA 75 MCG DOSE CARTRIDGE	PARATHYROID HORMONE	2 cartridges per 28 days
Navane 10mg	thiothixene	180 capsules per month
Navane 1mg, 2mg, 5mg	thiothixene	360 capsules per month
NEOSPORIN GU IRRIGATION 40 MG/ML AMP	NEOMYCIN/POLYMIXIN B IRRIG.	60mL per 30 days
NEOSPORIN GU IRRIGATION 40 MG/ML VIAL	NEOMYCIN/POLYMIXIN B IRRIG.	60mL per 30 days
NERLYNX 40 MG TABLET	NERATINIB	180 tablets per 30 days
Nesina 6.25mg, 12.5mg, 25mg	alogliptan	30 tablets per month
NEULASTA 6 MG/0.6 ML ONPRO DELIVERY KIT	PEGFILGRASTIM	2 delivery kits per 14 days
NEULASTA 6 MG/0.6 ML SYRINGE	PEGFILGRASTIM	2 syringes (1.2mL) per 14 days

Brand Name	Generic Name	Quantity Limit
NEUPRO 1 MG/24 HR PATCH	ROTIGOTINE	30 patches per 30 days
NEUPRO 2 MG/24 HR PATCH	ROTIGOTINE	30 patches per 30 days
NEUPRO 3 MG/24 HR PATCH	ROTIGOTINE	30 patches per 30 days
NEUPRO 4 MG/24 HR PATCH	ROTIGOTINE	30 patches per 30 days
NEUPRO 6 MG/24 HR PATCH	ROTIGOTINE	30 patches per 30 days
NEUPRO 8 MG/24 HR PATCH	ROTIGOTINE	30 patches per 30 days
Neurontin 100, 300, 400, 600mg	gabapentin	180 tablets or capsules per month
Neurontin 800mg	gabapentin	120 tablets per month
NEXAVAR 200 MG TABLET	SORAFENIB	120 tablets per 30 days
Nexium (all strengths and packets)	Esomeprazole	30 capsules/packets per 30 days
Nexletol 180 mg tablet	Bempedoic acid	30 tablets per 30 days
Nexlizet 180mg-10mg	bempedoic acid, ezetimibe	30 tablets per 30 days
NEXPLANON 68 MG IMPLANT	ETONOGESTREL IMPLANT	1 per 12 months
NICODERM CQ 14 MG/24 HOURS TRANSDERMAL PATCH	NICOTINE	30 patches per 30 days
NICODERM CQ 21 MG/24 HOURS TRANSDERMAL PATCH	NICOTINE	30 patches per 30 days
NICODERM CQ 7 MG/24 HOURS TRANSDERMAL PATCH	NICOTINE	30 patches per 30 days
NICORETTE 2 MG GUM	NICOTINE POLACRILEX	720 gums per 30 days
NICORETTE 2 MG LOZENGE	NICOTINE POLACRILEX	600 lozenges per 30 days
NICORETTE 4 MG GUM	NICOTINE POLACRILEX	720 gums per 30 days
NICORETTE 4 MG LOZENGE	NICOTINE POLACRILEX	600 lozenges per 30 days
NICOTROL NS 10 MG/ML NASAL SPRAY	NICOTINE	120mL per 30 days
NICOTROL ORAL INHALATION CARTRIDGE	NICOTINE	480 cartridges per 30 days
NIFEDIAC CC 30 MG TABLET	NIFEDIPINE	30 tablets per 30 days
NIFEDIAC CC 60 MG TABLET	NIFEDIPINE	60 tablets per 30 days
NIFEDIAC CC 90 MG TABLET	NIFEDIPINE	30 tablets per 30 days
NIFEDICAL XL 30 MG TABLET	NIFEDIPINE	30 tablets per 30 days
NIFEDICAL XL 60 MG TABLET	NIFEDIPINE	60 tablets per 30 days
NILANDRON 150 MG TABLET	NILUTAMIDE	60 tablets per 30 days
NINLARO 2.3 MG CAPSULE	IXAZOMIB	6 capsules per 30 days
NINLARO 3 MG CAPSULE	IXAZOMIB	6 capsules per 30 days
NINLARO 4 MG CAPSULE	IXAZOMIB	6 capsules per 30 days
NIRAVAM 0.25 MG TABLET	ALPRAZOLAM ODT	180 tablets per 30 days
NIRAVAM 0.5 MG TABLET	ALPRAZOLAM ODT	180 tablets per 30 days
NIRAVAM 1 MG TABLET	ALPRAZOLAM ODT	120 tablets per 30 days
NIRAVAM 2 MG TABLET	ALPRAZOLAM ODT	60 tablets per 30 days

Brand Name	Generic Name	Quantity Limit
NISOLDIPINE ER 20 MG TABLET	NISOLDIPINE	30 tablets per 30 days
NISOLDIPINE ER 30 MG TABLET	NISOLDIPINE	60 tablets per 30 days
NISOLDIPINE ER 40 MG TABLET	NISOLDIPINE	30 tablets per 30 days
NIZORAL 200 MG TABLET	KETOCONAZOLE	30 tablets per 30 days
Nizoral cream	ketoconazole cream	120g per 30 days
Nizoral shampoo	ketoconazole shampoo	120mL per 30 days
NODOLOR CAPSULE	ISOMETHEPTENE/DICHLOR ALPHENAZONE/APAP	240 tablets per 30 days
NOLVADEX 10 MG TABLET	TAMOXIFEN	60 tablets per 30 days
NOLVADEX 20 MG TABLET	TAMOXIFEN	60 tablets per 30 days
NORCO 10 MG/325 MG TABLET	HYDROCODONE/ACETAMIN OPHEN	150 tablets per 30 days
NORCO 5 MG/325 MG TABLET	HYDROCODONE/ACETAMIN OPHEN	300 tablets per 30 days
NORCO 7.5 MG/325 MG TABLET	HYDROCODONE/ACETAMIN OPHEN	180 tablets per 30 days
NORFLEX ER 100 MG SR TABLET	ORPHENADRINE SR	60 tablets per 30 days
Norpramin 100mg	desipramine	90 tablets per month
Norpramin 10mg, 25mg, 50mg, 75mg	desipramine	60 tablets per month
Norpramin 150mg	desipramine	60 tablets per month
NORTHERA 100 MG CAPSULE	DROXIDOPA	90 tablets per 30 days
NORTHERA 200 MG CAPSULE	DROXIDOPA	90 tablets per 30 days
NORTHERA 300 MG CAPSULE	DROXIDOPA	180 tablets per 30 days
NORVASC 10 MG TABLET	AMLODIPINE	30 tablets per 30 days
NORVASC 2.5 MG TABLET	AMLODIPINE	120 tablets per 30 days
NORVASC 5 MG TABLET	AMLODIPINE	60 tablets per 30 days
Norvir 100mg	ritonavir	360 tablets per month
Nourianz	Istradefylline	30 tablets per 30 days
Novolin 70/30	human insulin isophane/human insulin regular	30 mL per month
Novolin N	human insulin isophane	30 mL per month
Novolin R	human insulin regular	30 mL per month
Novolog	insulin aspart	30 mL per month
Novolog Mix 70-30	insulin aspart protamine/insulin aspart	30 mL per month
Novolog Mix 70-30 FlexPen	insulin aspart protamine/insulin aspart	30 mL per month
NOXAFIL 300 MG/16.7 ML VIAL	POSACONAZOLE	753mL per 30 days
NOXAFIL 40 MG/ML SUSPENSION	POSACONAZOLE	600ml per 30 days
NOXAFIL DR 100 MG TABLET	POSACONAZOLE	100 tablets per 30 days
NUBEQA 300 MG	DAROLUTAMIDE	120 tablets per 30 days

Brand Name	Generic Name	Quantity Limit
NUCALA 100 MG VIAL	MEPOLIZUMAB	3 vials per 28 days
NUCYNTA 100 MG TABLET	TAPENTADOL	120 tablets per 30 days
NUCYNTA 50 MG TABLET	TAPENTADOL	120 tablets per 30 days
NUCYNTA 75 MG TABLET	TAPENTADOL	120 tablets per 30 days
NUCYNTA ER 100 MG TABLET	TAPENTADOL HCL ER	60 tablets per 30 days
NUCYNTA ER 150 MG TABLET	TAPENTADOL HCL ER	60 tablets per 30 days
NUCYNTA ER 200 MG TABLET	TAPENTADOL HCL ER	60 tablets per 30 days
NUCYNTA ER 250 MG TABLET	TAPENTADOL HCL ER	60 tablets per 30 days
NUCYNTA ER 50 MG TABLET	TAPENTADOL HCL ER	60 tablets per 30 days
NUEDEXTA 20-10 MG CAPSULE	DEXTROMETHORPHAN/QUI NIDINE	60 tablets per 30 days
NUPLAZID 17 MG TABLET	PIMAVANSERIN	60 tablets per 30 days
Nurtec ODT	Rimegapant	15 tablets per 30 days
Nuvaring	etonogestrel/ethinyl estradiol vaginal ring	1 per 28 days
Nuvigil 150mg, 200mg, 250mg	armodafinil	30 tablets per month
Nuvigil 50mg	armodafinil	60 tablets per month
Nystat	nystatin cream, ointment, powder	120g per 30 days
OCALIVA 10 MG TABLET	OBETICHOLIC ACID	30 tablets per 30 days
OCALIVA 5 MG TABLET	OBETICHOLIC ACID	30 tablets per 30 days
OCREVUS 300 MG/10 MLVIAL	OCRELIZUMAB	22mL per 30 days
Odactra	House dust mite allergen extract	30 tablets per month
ODEFSEY 200 MG/25 MG/25 MG TABLET	EMTRICITABINE/RILPIVIRIN E/TENOFOVIR ALAFENAMIDE	30 tablets per 30 days
ODOMZO 200 MG CAPSULE	SONIDEGIB	30 tablets per 30 days
OFEV 100 MG CAPSULE	NINTEDANIB ESYLATE	60 tablets per 30 days
OFEV 150 MG CAPSULE	NINTEDANIB ESYLATE	60 tablets per 30 days
OFF! ACTIVE INSECT REPELLENT I 15% AEROSOL	DIETHYLTOLUAMIDE	900mL per 30 days
OFF! DEEP WOODS INSECT REPELLENT V 25% AEROSOL	DIETHYLTOLUAMIDE	903mL per 30 days
OFF! DEEP WOODS INSECT REPELLENT VII PUMP	DIETHYLTOLUAMIDE	900mL per 30 days
OFF! DEEP WOODS INSECT REPELLENT VIII DRY 25% AERO.	DIETHYLTOLUAMIDE	900mL per 30 days
OFF! FAMILYCARE INSECT REPELLENT I SMOOTH & DRY 15%	DIETHYLTOLUAMIDE	1080mL per 30 days
Oleptro 150mg	trazodone	120 tablets per month
Oleptro 50mg, 100mg, 300mg	trazodone	60 tablets per month
OLYSIO 150 MG CAPSULE	SIMEPREVIR	30 capsules per day
OMNARIS NASAL SPRAY	CICLESONIDE AQUEOUS	12.6mL per 30 days

Brand Name	Generic Name	Quantity Limit
ONE TOUCH DELICA LANCING DEVICE	BLOOD GLUCOSE LANCING DEVICE	30 per 30 days
ONE TOUCH PENLET PLUS	BLOOD GLUCOSE LANCING DEVICE	30 per 30 days
ONE TOUCH ULTRA 2 BLOOD GLUCOSE METER	BLOOD GLUCOSE METER	1 glucose meter per year
ONE TOUCH ULTRA LINK BLOOD GLUCOSE METER	BLOOD GLUCOSE METER	1 glucose meter per year
ONE TOUCH ULTRA MINI BLOOD GLUCOSE METER	BLOOD GLUCOSE METER	1 glucose meter per year
ONE TOUCH ULTRA SMART BLOOD GLUCOSE METER	BLOOD GLUCOSE METER	1 glucose meter per year
ONE TOUCH ULTRA SYSTEM BLOOD GLUCOSE METER	BLOOD GLUCOSE METER	1 glucose meter per year
ONE TOUCH VERIO IQ BLOOD GLUCOSE METER	BLOOD GLUCOSE METER	1 glucose meter per year
ONFI 10 MG TABLET	CLOBAZAM	60 tablets per 30 days
ONFI 2.5 MG/ML SUSPENSION	CLOBAZAM	480mL per 30 days
ONFI 20 MG TABLET	CLOBAZAM	60 tablets per 30 days
ONFI 5 MG TABLET	CLOBAZAM	60 tablets per 30 days
Ongentys 50 mg Capsule	Opicapone	30 capsules per 30 days
Onglyza 2.5mg, 5mg	saxagliptin	30 tablets per month
ONMEL 200 MG TABLET	ITRACONAZOLE	30 tablets per 30 days
Onureg 200mg, 300mg Tablet	Azacitidine	14 tablets per 28 days
Opana ER	oxymorphone extended release	60 tablets per month
Opana IR	oxymorphone immediate release	180 tablets per month
OPIUM TINCTURE 10 MG/ML	OPIUM	150 ml per month
OPSUMIT 10 MG TABLET	MACITENTAN	30 tablets per 30 days
ORACEA 40 MG CAPSULE	DOXYCYCLINE MONOHYDRATE	30 tablets per 30 days
Oralair 100 IR	Sweet vernal, orchard, perennial rye, Timothy and Kentucky blue grass mixed pollens	3 tablets per month
Oralair 300 IR	Sweet vernal, orchard, perennial rye, Timothy and Kentucky blue grass mixed pollens	30 tablets per month
ORAMORPH SR 100 MG TABLET	MORPHINE SULFATE SR	60 tablets per 30 days
ORAMORPH SR 15 MG TABLET	MORPHINE SULFATE SR	90 tablets per 30 days
ORAMORPH SR 30 MG TABLET	MORPHINE SULFATE SR	60 tablets per 30 days
ORAMORPH SR 60 MG TABLET	MORPHINE SULFATE SR	60 tablets per 30 days
ORAP 1mg	pimozide	300 tablets per month
ORAP 2mg	pimozide	150 tablets per month
ORAVIG 50 MG BUCCAL TABLET	MICONAZOLE	30 tablets per 30 days
ORENCIA 125 MG INJECTION SYRINGE	ABATACEPT	4 ml per 28 days

Brand Name	Generic Name	Quantity Limit
ORENCIA 125 MG/ML CLICKJET	ABATACEPT	4 ml per 28 days
ORENCIA 250 MG INJECTION VIAL	ABATACEPT	8 vials per 28 days
ORENCIA 50 MG/0.4ML SYRINGE	ABATACEPT	1.6 ml per 28 days
ORENCIA 87.5 MG/0.7 ML SYRINGE	ABATACEPT	2.8 ml per 28 days
Orgovyx tablet	Relugolix	32 tablets per 30 days
Oriahn Tablet	elagolix, estradiol, norethindrone acetate	56 tablets per 28 days
ORKAMBI 100 MG/125 MG TABLET	LUMACAFTOR/IVACAFTOR	120 tablets per 30 days
ORKAMBI 200 MG/125 MG TABLET	LUMACAFTOR/IVACAFTOR	120 tablets per 30 days
Orladeyo capsules	berotralstat	30 capsules per 30 days
ORTHO EVRA TRANSDERMAL PATCH	NORELGESTROMIN/ETHINYL ESTRADIOL	4 patches per 28 days
ORTHOVISC 15 MG/ML SYRINGE	HYALURONATE SODIUM	16 ml per 28 days
OSENI 12.5 MG/15 MG TABLET	ALOGLIPTIN/PIOGLITAZONE	30 tablets per 30 days
OSENI 12.5 MG/30 MG TABLET	ALOGLIPTIN/PIOGLITAZONE	30 tablets per 30 days
OSENI 12.5 MG/45 MG TABLET	ALOGLIPTIN/PIOGLITAZONE	30 tablets per 30 days
OSENI 25 MG/15 MG TABLET	ALOGLIPTIN/PIOGLITAZONE	30 tablets per 30 days
OSENI 25 MG/30 MG TABLET	ALOGLIPTIN/PIOGLITAZONE	30 tablets per 30 days
OSENI 25 MG/45 MG TABLET	ALOGLIPTIN/PIOGLITAZONE	30 tablets per 30 days
OTEZLA 30 MG TABLET	APREMILAST	60 tablets per 30 days
OTEZLA STARTER PACK (28 DAY, 55 TABLETS)	APREMILAST	55 tablets per 28 days
OTREXUP 10 MG/0.4 ML AUTO-INJECTOR	METHOTREXATE	1.6 ml per 28 days
OTREXUP 15 MG/0.4 ML AUTO-INJECTOR	METHOTREXATE	1.6 ml per 28 days
OTREXUP 20 MG/0.4 ML AUTO-INJECTOR	METHOTREXATE	1.6 ml per 28 days
OTREXUP 25 MG/0.4 ML AUTO-INJECTOR	METHOTREXATE	1.6 ml per 28 days
OXANDRIN 10 MG TABLET	OXANDROLONE	60 tablets per 30 days
OXANDRIN 2.5 MG TABLET	OXANDROLONE	240 tablets per 30 days
OXAYDO 5 MG TABLET	OXYCODONE HCL	180 tablets per 30 days
OXAYDO 7.5 MG TABLET	OXYCODONE HCL	120 tablets per 30 days
Oxbryta	Voxelotor	90 tablets per 30 days
Oxervate	cenegermin-bkbj	112 vials per 56 days
OXY IR 5MG CAPSULE	OXYCODONE	180 capsules per 30 days
Oxycodone (concentrate) oral solution 100mg/5mL (20mg/mL)	oxycodone solution	180 ml per month
OXYCODONE 10 MG/0.5 ML ORAL SYRINGE	OXYCODONE HCL	270 ml per 30 days
OXYCODONE 20 MG/ML SOLN	OXYCODONE	270 ml per 30 days

Brand Name	Generic Name	Quantity Limit
OXYCODONE 5 MG/5 ML SOLN	OXYCODONE	900 ml per 30 days
Oxycodone IR	oxycodone immediate release	180 tablets per month
Oxycodone oral solution 5mg/5mL	oxycodone solution	2700 ml per month
OXYCONTIN 10 MG CR TABLET	OXYCODONE CR	60 tablets per 30 days
OXYCONTIN 15 MG CR TABLET	OXYCODONE CR	60 tablets per 30 days
OXYCONTIN 20 MG CR TABLET	OXYCODONE CR	60 tablets per 30 days
OXYCONTIN 30 MG CR TABLET	OXYCODONE CR	60 tablets per 30 days
OXYCONTIN 40 MG CR TABLET	OXYCODONE CR	60 tablets per 30 days
OXYCONTIN 60 MG CR TABLET	OXYCODONE CR	60 tablets per 30 days
OXYCONTIN 80 MG CR TABLET	OXYCODONE CR	60 tablets per 30 days
OXYTROL 3.9 MG/DAY TD PATCH	OXYBUTYNIN	8 patches per 28 days
OXYTROL FOR WOMEN 3.9 MG/DAY TD PATCH	OXYBUTYNIN	8 patches per 28 days
Ozempic	Semaglutide	3 ml (2 pens) per 28 days
Pamelor 10mg, 25mg	nortriptyline	120 capsules per month
Pamelor 50mg, 75mg	nortriptyline	60 capsules per month
PANLOR 325-30-16 MG TABLET	ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE	300 tablets per 30 days
PARAFON FORTE DSC 500 MG TABLET	CHLORZOXAZONE	180 tablets per 30 days
PARCOPA 10/100 MG ODT	CARBIDOPA/LEVODOPA	240 tablets per 30 days
PARCOPA 25/100 MG ODT	CARBIDOPA/LEVODOPA	240 tablets per 30 days
PARCOPA 25/250 MG ODT	CARBIDOPA/LEVODOPA	240 tablets per 30 days
PARLODEL 2.5 MG TABLET	BROMOCRIPTINE	600 tablets per 30 days
PARLODEL 5 MG CAPSULE	BROMOCRIPTINE	300 tablets per 30 days
Pataday	olopatadine	1 bottle per 25 days
Paxil 10, 20, 40 mg	paroxetine	30 tablets per month
Paxil 30mg	Paroxetine	60 tablets per month
PEGANONE 250 MG TABLET	ETHOTOIN	360 tablets per 30 days
Pegasys Kit 180 mcg	Peginterferon alfa-2a	4 kits per 28 days
Pegasys Proclick Solution 135 mcg and 180 mcg	Peginterferon alfa-2a	4 syringes per 28 days
Pegasys Solution 180 mcg	Peginterferon alfa-2a	4 vials per 28 days
Pemazyre	Pemigatinib	14 tablets per 21 days
PENERGAN 25 MG SUPPOSITORY	PROMETHAZINE	180 suppositories per 30 days
PENTASA 250 MG ER CAPSULE	MESALAMINE	480 capsules per 30 days
PENTASA 500 MG ER CAPSULE	MESALAMINE	240 capsules per 30 days
PEPCID 10 MG TABLET	FAMOTIDINE	60 tablets per 30 days
PEPCID 20 MG TABLET	FAMOTIDINE	60 tablets per 30 days
PEPCID 40 MG TABLET	FAMOTIDINE	30 tablets per 30 days

Brand Name	Generic Name	Quantity Limit
PERCOCET 10 MG/325 MG TABLET	OXYCODONE/APAP	120 tablets per 30 days
PERCOCET 2.5 MG/325 MG TABLET	OXYCODONE/APAP	300 tablets per 30 days
PERCOCET 5 MG/325 MG TABLET	OXYCODONE/APAP	180 tablets per 30 days
PERCOCET 7.5 MG/325 MG TABLET	OXYCODONE/APAP	120 tablets per 30 days
PERCODAN TABLET	OXYCODONE/ASA	180 tablets per 30 days
PERFORMIST 20 MCG/2 ML SOLN	FORMOTEROL	120 ml per 30 days
Permethrin	Permethrin	120 mL (1 bottle) per month
PERSANTINE 25 MG TABLET	DIPYRIDAMOLE	120 tablets per 30 days
PERSANTINE 50 MG TABLET	DIPYRIDAMOLE	240 tablets per 30 days
PERSANTINE 75 MG TABLET	DIPYRIDAMOLE	120 tablets per 30 days
Perseris 90 and 120mg	Risperidone	1 kit per 30 days
PEXEVA 10 MG TABLET	PAROXETINE MESYLATE	30 tablets per 30 days
PEXEVA 20 MG TABLET	PAROXETINE MESYLATE	30 tablets per 30 days
PEXEVA 30 MG TABLET	PAROXETINE MESYLATE	60 tablets per 30 days
PEXEVA 40 MG TABLET	PAROXETINE MESYLATE	30 tablets per 30 days
PHENERGAN 12.5 MG SUPPOSITORY	PROMETHAZINE	180 suppositories per 30 days
PHENERGAN 12.5 MG TABLET	PROMETHAZINE	180 tablets per 30 days
PHENERGAN 25 MG TABLET	PROMETHAZINE	180 tablets per 30 days
PHENERGAN 50 MG SUPPOSITORY	PROMETHAZINE	90 suppositories per 30 days
PHENERGAN 50 MG TABLET	PROMETHAZINE	90 tablets per 30 days
Phenergan VC with Codeine	phenylephrine/codeine/promethazine solution	900 ml per month
Phenergan with Codeine	codeine/promethazine syrup	900 ml per month
PHENYTEK 200 MG CAPSULE	PHENYTOIN	90 tablets per 30 days
PHENYTEK 300 MG CAPSULE	PHENYTOIN	60 tablets per 30 days
PHOSLO 667 MG CAPSULE/TABLET	CALCIUM ACETATE	360 capsules/tablets per 30 days
PHOSLYRA 667 MG/5 ML ORAL SOLUTION	CALCIUM ACETATE	1800 ml per 30 days
PHRENILIN 50 MG/325 MG TABLET	BUTALBITAL/ACETAMINOPHEN	18 tablets per 30
Pifeltro 100 mg Tablet	doravirine	30 per 30 days
Plavix	Clopidogrel	30 tablets per month
PLEGRIDY 125 MCG/0.5 ML PEN	PEGINTERFERON BETA-1A	1 ml per 28 days
PLEGRIDY 125 MCG/0.5 ML SYRINGE	PEGINTERFERON BETA-1A	1 ml per 28 days
PLEGRIDY PEN INJECTION STARTER PACK	PEGINTERFERON BETA-1A	1 ml per 28 days
PLEGRIDY SYRINGE STARTER PACK	PEGINTERFERON BETA-1A	1 ml per 28 days
PLENDIL 10 MG TABLET SA	FELODIPINE	30 tablets per 30 days
PLENDIL 2.5 MG TABLET SA	FELODIPINE	30 tablets per 30 days

Brand Name	Generic Name	Quantity Limit
PLENDIL 5 MG TABLET SA	FELODIPINE	30 tablets per 30 days
PLETAL 100 MG TABLET	CILOSTAZOL	60 tablets per 30 days
PLETAL 50 MG TABLET	CILOSTAZOL	60 tablets per 30 days
POMALYST 1 MG CAPSULE	POMALIDOMIDE	30 capsules per 30 days
POMALYST 2 MG CAPSULE	POMALIDOMIDE	30 capsules per 30 days
POMALYST 3 MG CAPSULE	POMALIDOMIDE	30 capsules per 30 days
POMALYST 4 MG CAPSULE	POMALIDOMIDE	30 capsules per 30 days
PONSTEL 250 MG CAPSULE	MEFENAMIC ACID	180 capsules per 30 days
POTIGA 200 MG TABLET	EZOABINE	90 tablets per 30 days
POTIGA 300 MG TABLET	EZOABINE	90 tablets per 30 days
POTIGA 400 MG TABLET	EZOABINE	90 tablets per 30 days
POTIGA 50 MG TABLET	EZOABINE	270 tablets per 30 days
PRADAXA 110 MG CAPSULE	DABIGATRAN	60 capsules per 30 days
PRADAXA 150 MG CAPSULE	DABIGATRAN	60 capsules per 30 days
PRADAXA 75 MG CAPSULE	DABIGATRAN	60 capsules per 30 days
Praluent	alirocumab	2 syringes per month
PRANDIMET 1 MG/500 MG TABLET	REPAGLINIDE/METFORMIN	150 tablets per 30 days
PRANDIMET 2 MG/500 MG TABLET	REPAGLINIDE/METFORMIN	150 tablets per 30 days
PRANDIN 0.5 MG TABLET	REPAGLINIDE	120 tablets per 30 days
PRANDIN 1 MG TABLET	REPAGLINIDE	120 tablets per 30 days
PRANDIN 2 MG TABLET	REPAGLINIDE	240 tablets per 30 days
PRAVACHOL 10 MG TABLET	PRAVASTATIN	45 tablets per 30 days
PRAVACHOL 20 MG TABLET	PRAVASTATIN	45 tablets per 30 days
PRAVACHOL 40 MG TABLET	PRAVASTATIN	45 tablets per 30 days
PRAVACHOL 80 MG TABLET	PRAVASTATIN	30 tablets per 30 days
PRECOSE 100 MG TABLET	ACARBOSE	90 tablets per 30 days
PRECOSE 25 MG TABLET	ACARBOSE	90 tablets per 30 days
PRECOSE 50 MG TABLET	ACARBOSE	90 tablets per 30 days
Premarin	estrogens, conjugated	30 tablets per month
PREMARIN 25 MG VIAL	CONJUGATED ESTROGENS	60 per 30 days
PRESTALIA 14 MG/10 MG TABLET	PERINDOPRIL ARGININE/AMLODIPINE BESYLATE	30 tablets per 30 days
PRESTALIA 3.5 MG/2.5 MG TABLET	PERINDOPRIL ARGININE/AMLODIPINE BESYLATE	60 tablets per 30 days
PRESTALIA 7 MG/5 MG TABLET	PERINDOPRIL ARGININE/AMLODIPINE BESYLATE	60 tablets per 30 days
Prevacid	lansoprazole	60 capsules per month

Brand Name	Generic Name	Quantity Limit
PREVPAC PATIENT PACK	LANSOPRAZOLE/AMOXICIL LIN/CLARITHR	240 tablets per 30 days
PREVYMIS 240 MG TABLET	LETERMOVIR	30 tablets per 30 days
PREVYMIS 240 MG/ 12 ML VIAL	LETERMOVIR	360 ml per 30 days
PREVYMIS 480 MG TABLET	LETERMOVIR	30 tablets per 30 days
PREVYMIS 480 MG/ 24 ML VIAL	LETERMOVIR	720 ml per 30 days
PREZCOBIX 800 MG/150 MG TABLET	DARUNAVIR/COBICISTAT	30 tablets per 30 days
Prezista 150mg	darunavir	240 tablets per month
Prezista 600mg	darunavir	60 tablets per month
Prezista 75mg	darunavir	480 tablets per month
Prezista 800mg	darunavir	30 tablets per month
Prilosec	omeprazole	60 capsules per month
PRIMAXIN 250 MG VIAL	IMIPENEM/CILASTATIN	240 vials per 30 days
PRIMAXIN 500 MG VIAL	IMIPENEM/CILASTATIN	240 vials per 30 days
PRINIVIL 10 MG TABLET	LISINOPRIL	60 tablets per 30 days
PRINIVIL 2.5 MG TABLET	LISINOPRIL	60 tablets per 30 days
PRINIVIL 20 MG TABLET	LISINOPRIL	60 tablets per 30 days
PRINIVIL 30 MG TABLET	LISINOPRIL	60 tablets per 30 days
PRINIVIL 40 MG TABLET	LISINOPRIL	60 tablets per 30 days
PRINIVIL 5 MG TABLET	LISINOPRIL	60 tablets per 30 days
PRINZIDE 10 MG/12.5 MG TABLET	LISINOPRIL/HYDROCHLORO THIAZIDE	120 tablets per 30 days
PRINZIDE 20 MG/12.5 MG TABLET	LISINOPRIL/HYDROCHLORO THIAZIDE	60 tablets per 30 days
PRISTIQ 100 MG TABLET	DESVENLAFAXINE SUCCINATE MONOHYDRATE	30 tablets per 30 days
PRISTIQ 50 MG TABLET	DESVENLAFAXINE SUCCINATE MONOHYDRATE	30 tablets per 30 days
Proair Respiclick/HFA	albuterol	2 inhaler per month
PROBUPHINE 74.2 MG IMPLANT	BUPRENORPHINE HCL	4 implants per 180 days
PROCARDIA XL 30 MG TABLET	NIFEDIPINE	30 tablets per 30 days
PROCARDIA XL 60 MG TABLET	NIFEDIPINE	60 tablets per 30 days
PROCARDIA XL 90 MG TABLET	NIFEDIPINE	30 tablets per 30 days
PROCENTRA 5 MG/5 ML ORAL SOLUTION	DEXTROAMPHETAMINE	1800 ml per 30 days
PRODIGY AUTOCODE BLOOD GLUCOSE METER	BLOOD GLUCOSE METER	1 meter per year
PRODIGY VOICE BLOOD GLUCOSE METER	BLOOD GLUCOSE METER	1 meter per year
PROLIA 60 MG/ML INJECTION SYRINGE	DENOSUMAB	1 ml per 180 days

Brand Name	Generic Name	Quantity Limit
PROMACTA 12.5 MG TABLET	ELTROMBOPAG	120 tablets per 30 days
PROMACTA 25 MG TABLET	ELTROMBOPAG	90 tablets per 30 days
PROMACTA 50 MG TABLET	ELTROMBOPAG	60 tablets per 30 days
PROMACTA 75 MG TABLET	ELTROMBOPAG	60 tablets per 30 days
PROMETRIUM 100 MG CAPSULE	PROGESTERONE	30 capsules per 30 days
PROMETRIUM 200 MG CAPSULE	PROGESTERONE	60 capsules per 30 days
PROSCAR 5 MG TABLET	FINASTERIDE	30 tablets per 30 days
PROSOM 1 MG TABLET	ESTAZOLAM	30 tablets per 30 days
PROSOM 2 MG TABLET	ESTAZOLAM	30 tablets per 30 days
Protonix	pantoprazole	60 tablets per month
Proventil HFA	albuterol	2 inhalers per month
PROVERA 10 MG TABLET	MEDROXYPROGESTERONE ACETATE	30 tablets per 30 days
PROVERA 2.5 MG TABLET	MEDROXYPROGESTERONE ACETATE	30 tablets per 30 days
PROVERA 5 MG TABLET	MEDROXYPROGESTERONE ACETATE	30 tablets per 30 days
Prozac 10mg	fluoxetine	60 capsules per month
Prozac 20mg	fluoxetine	120 capsules per month
Prozac 40mg	Fluoxetine	60 capsules per month
Prozac solution	Fluoxetine 20mg/5mL solution	600mL per month
Pulmicort Flexhaler 180	budesonide	2 inhalers per month
Pulmicort Flexhaler 90	budesonide	1 inhaler per month
Pulmicort Respules 0.25, 0.5mg	budesonide	60 vials or 120mL per month
Pulmicort Respules 1mg	budesonide	30 vials or 60mL per month
Pulmozyme	dornase alfa	60 vials or 150mL per month
QBRELIS 1 MG/ML SOLUTION	LISINOPRIL	1200 ml per 30 days
Qbrexza	Glycopyrronium	30 cloths per 30 days
Qdolo 5mg/mL Solution	Tramadol	2400mL per 30 days
Qinlock 50 mg Tablet	Ripretinib	90 tablets per 30 days
QTERN 10 MG-5 MG TABLET	DAPAGLIFLOZIN AND SAXAGLIPTIN	30 tablets per 30 days
QUDEXY XR 100 MG SPRINKLE CAPSULE	TOPIRAMATE ER	60 capsules per 30 days
QUDEXY XR 150 MG SPRINKLE CAPSULE	TOPIRAMATE ER	60 capsules per 30 days
QUDEXY XR 200 MG SPRINKLE CAPSULE	TOPIRAMATE ER	60 capsules per 30 days
QUDEXY XR 25 MG SPRINKLE CAPSULE	TOPIRAMATE ER	120 capsules per 30 days
QUDEXY XR 50 MG SPRINKLE CAPSULE	TOPIRAMATE ER	120 capsules per 30 days

Brand Name	Generic Name	Quantity Limit
Quillivant XR	methylphenidate hcl	360mL per month
QUTENZA 8% KIT	CAPSAICIN	4 patches per 90 days
Qvar 40	beclomethasone	4 inhalers per month
Qvar 80	beclomethasone	2 inhalers per month
Qvar Redihaler 40 mcg	beclomethasone	1 inhaler per month
Qvar Redihaler 80 mcg	beclomethasone	2 inhalers per month
Ragwitek	Short ragweed pollen	30 tablets per month
RANEXA 1000 MG TABLET	RANOLAZINE	60 tablets per 30 days
RANEXA 500 MG TABLET	RANOLAZINE	60 tablets per 30 days
RAPAFLO 4 MG CAPSULE	SILODOSIN	30 capsules per 30 days
RAPAFLO 8 MG CAPSULE	SILODOSIN	30 capsules per 30 days
RASUVO 10 MG/0.2 ML AUTOINJECTOR	METHOTREXATE	5.6 ml per 28 days
RASUVO 12.5 MG/0.25 ML AUTOINJECTOR	METHOTREXATE	7 ml per 28 days
RASUVO 15 MG/0.3 ML AUTOINJECTOR	METHOTREXATE	8.4 ml per 28 days
RASUVO 17.5 MG/0.35 ML AUTOINJECTOR	METHOTREXATE	9.8 ml per 28 days
RASUVO 20 MG/0.4 ML AUTOINJECTOR	METHOTREXATE	11.2 ml per 28 days
RASUVO 22.5 MG/0.45 ML AUTOINJECTOR	METHOTREXATE	12.6 ml per 28 days
RASUVO 25 MG/0.5 ML AUTOINJECTOR	METHOTREXATE	14 ml per 28 days
RASUVO 27.5 MG/0.55 ML AUTOINJECTOR	METHOTREXATE	15.4 ml per 28 days
RASUVO 30 MG/0.6 ML AUTOINJECTOR	METHOTREXATE	16.8 ml per 28 days
RASUVO 7.5 MG/0.15 ML AUTOINJECTOR	METHOTREXATE	4.2 ml per 28 days
RAVICTI 1.1 GRAM/ML LIQUID	GLYCEROL PHENYLBUTYRATE	540 ml per 30 days
RAYALDEE ER 30 MCG CAPSULE	CALCIFEDIOL	60 capsules per 30 days
RAZADYNE ER 16 MG CAPSULE	GALANTAMINE ER	30 capsules per 30 days
RAZADYNE ER 24 MG CAPSULE	GALANTAMINE ER	30 capsules per 30 days
RAZADYNE ER 8 MG CAPSULE	GALANTAMINE ER	30 capsules per 30 days
REBIF 22 MCG/0.5 ML SYRINGE	INTERFERON BETA-1A	6 ml per 28 days
REBIF 44 MCG/0.5 ML SYRINGE	INTERFERON BETA-1A	6 ml per 28 days
RECLAST 5 ML/100 ML IV INJECTION	ZOLEDRONIC ACID	100 ml per 30 days
RECTIV 0.4% OINTMENT	NITROGLYCERIN RECTAL	36 grams per 30 days
RELAFEN 500 MG TABLET	NABUMETONE	120 tablets per 30 days
RELAFEN 750 MG TABLET	NABUMETONE	60 tablets per 30 days
RELENZA 5 MG DISKHALER	ZANAMAVIR	20 blisters per 5 days
RELISTOR 12 MG/0.6 ML SYRINGE	METHYLNALTREXONE BROMIDE	18 ml per 30 days

Brand Name	Generic Name	Quantity Limit
RELISTOR 150 MG TABLET	METHYLNALTREXONE BROMIDE	90 tablets per 30 days
RELPAK TABLET	ELETRIPTAN	6 tablets per 30 days
Remeron	mirtazapine	30 tablets per month
RENAGEL 400 MG TABLET	SEVELAMER HCL	360 tablets per 30 days
RENAGEL 800 MG TABLET	SEVELAMER HCL	180 tablets per 30 days
RENVELA 0.8 GM POWDER PACKET	SEVELAMER CARBONATE	180 packets per 30 days
RENVELA 2.4 GM POWDER PACKET	SEVELAMER CARBONATE	180 packets per 30 days
RENVELA 800 MG TABLET	SEVELAMER CARBONATE	540 tablets per 30 days
REPATHA 140 MG/ML INJECTION SURECLICK AUTOINJECTOR	EVOLOCUMAB	3 injection systems per 28 days
REPATHA 140 MG/ML INJECTION SYRINGE	EVOLOCUMAB	3 injection systems per 28 days
REPATHA 420 MG/3.5 ML PUSHTRONEX SYSTEM	EVOLOCUMAB	1 system per 30 days
REQUIP 0.25 mg, 0.5 mg, 5 mg TABLET	ROPINIROLE	120 tablets per 30 days
REQUIP 1 mg, 2 mg TABLET	ROPINIROLE	90 tablets per 30 days
REQUIP 3 mg, 4 mg TABLET	ROPINIROLE	180 tablets per 30 days
REQUIP XL 2 mg, 4 mg, 6 mg TABLET	ROPINIROLE	30 tablets per 30 days
REQUIP XL 8 mg, 12 mg TABLET	ROPINIROLE	60 tablets per 30 days
Rescriptor 100mg	delavirdine	360 tablets per month
Rescriptor 200mg	delavirdine	180 tablets per month
RESTASIS MULTIDOSE 0.05% EYE DROP	CYCLOSPORINE	1 bottle per 30 days
Restoril 15mg, 22.5mg, 30mg	temazepam	30 capsules per month
Restoril 7.5mg	temazepam	60 capsules per month
Retevmo 40 mg	Selpercatinib	180 capsules per 30 days
Retevmo 80 mg	Selpercatinib	120 capsules per 30 days
RETISERT 0.59 MG INTRAOCULAR IMPLANT	FLUOCINOLONE INTRAOCULAR	2 implants per 912.5 days
RETROVIR 10 MG/ML ORAL SOLUTION	ZIDOVUDINE	1800 ml per 30 days
RETROVIR 100 MG CAPSULE	ZIDOVUDINE	180 capsules per 30 days
Retrovir 100mg	zidovudine	180 capsules per month
RETROVIR 300 MG TABLET	ZIDOVUDINE	60 capsules per 30 days
Retrovir 300mg	zidovudine	60 tablets per month
Revatio	Sildenafil	90 tablets per month
REVLIMID 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25mg TABLET	LENALIDOMIDE	30 tablets per 30 days
REXULTI 0.25 mg, 0.5 mg, 1 mg TABLET	BREXPIPIRAZOLE	60 tablets per 30 days
REXULTI 2 mg, 3 mg, 4 mg TABLET	BREXPIPIRAZOLE	30 tablets per 30 days
Reyataz 150mg, 200mg	atazanavir/cobicistat	60 tablets per month

Brand Name	Generic Name	Quantity Limit
Reyataz 300mg	atazanavir/cobicistat	30 tablets per month
REYATAZ 50 MG POWDER PACKET	ATAZANAVIR	180 packets per 30 days
Reyvow 100 mg	Lasmiditan	8 tablets per month
Reyvow 50 mg	Lasmiditan	4 tablets per month
RILUTEK 50 MG TABLET	RILUZOLE	60 tablets per 30 days
RIMSO-50 SOLUTION	DIMETHYL SULFOXIDE	214.5 ml per 30 days
Rinvoq	Upadacitinib	30 tablets per 30 days
RIOMET 500 MG/5 ML SOLUTION	METFORMIN	750 ml per 30 days
Risperdal	risperidone	60 tablets per month
Risperdal Consta	risperidone	2 syringes per 28 days
Risperdal oral solution	risperidone	180 mL per month
Ritalin 20mg	methylphenidate	120 tablets per month
Ritalin 5mg, 10mg	methylphenidate	90 tablets per month
Ritalin SR	methylphenidate extended release	120 tablet per month
RMS 10 mg, 20 mg SUPPOSITORY	MORPHINE SULFATE	180 suppositories per 30 days
RMS 30 MG SUPPOSITORY	MORPHINE SULFATE	120 suppositories per 30 days
RMS 5 MG SUPPOSITORY	MORPHINE SULFATE	300 suppositories per 30 days
ROBAXIN 500 MG TABLET	METHOCARBAMOL	480 tablets per 30 days
ROBAXIN-750 TABLET	METHOCARBAMOL	300 tablets per 30 days
ROCEPHIN 1 GM PIGGYBACK	CEFTRIAZONE	600ml per 30 days
ROCEPHIN 1 gm, 2 gm, 500 mg VIAL	CEFTRIAZONE	60 vials per 30 days
ROCEPHIN 10 GM VIAL	CEFTRIAZONE	12 vials per 30 days
ROCEPHIN 2 GM PIGGYBACK	CEFTRIAZONE	300ml per 30 days
ROCEPHIN 250 MG VIAL	CEFTRIAZONE	30 vials per 30 days
Roxicet solution	oxycodone/acetaminophen solution	1200 ml per month
Rozerem 8mg	ramelteon	30 tablets per month
ROZLYTREK 100MG	ENTRECTINIB	90 capsules per 30 days
ROZLYTREK 200MG	ENTRECTINIB	90 capsules per 30 days
RUBRACA 200 MG TABLET	RUCAPARIB CAMSYLATE	120 tablets per 30 days
RUBRACA 250 MG	RUCAPARIB	120 tablets per 30 days
RUBRACA 300 MG TABLET	RUCAPARIB CAMSYLATE	120 tablets per 30 days
Ruconest	C1 esterase inhibitor recombinant	8 vials per month
Rukobia	Fostemsavir	60 tablets per 30 days
Rybelsus tablet	Semaglutide	30 tablets per 30 days
RYDAPT 25 MG CAPSULE	MIDOSTAURIN	224 capsules per 28 days
RYTARY 23.75/95 MG ER CAPSULE	CARBIDOPA/LEVODOPA	360 capsules per 30 days

Brand Name	Generic Name	Quantity Limit
RYTARY 36.25/145 MG ER CAPSULE	CARBIDOPA/LEVODOPA	270 capsules per 30 days
RYTARY 48.75/195 MG ER CAPSULE	CARBIDOPA/LEVODOPA	360 capsules per 30 days
RYTARY 61.25/245 MG ER CAPSULE	CARBIDOPA/LEVODOPA	300 capsules per 30 days
RYZOLT ER 100 mg, 200 mg, 300 mg TABLET	TRAMADOL ER	30 capsules per 30 days
SABRIL 500 MG POWDER PACKET	VIGABATRIN	180 packets per 30 days
SABRIL 500 MG TABLET	VIGABATRIN	180 tablets per 30 days
SALSALATE 500 mg, 750 mg TABLET	SALSALATE	120 tablets per 30 days
SAMSCA 15 MG TABLET	TOLVAPTAN	30 tablets per 30 days
SAMSCA 30 MG TABLET	TOLVAPTAN	60 tablets per 30 days
SANCTURA 20 MG TABLET	TROSPIUM	60 tablets per 30 days
SANCTURA XR 60MG CAPSULE	TROSPIUM	30 capsules per 30 days
SANCUSO 3.1 MG/24 HR PATCH	GRANISETRON	4 patches per 28 days
SANDOSTATIN LAR 10 MG KIT	OCTREOTIDE INTRAMUSCULAR	1 kit per 28 days
SANDOSTATIN LAR 10MG DEPOT KIT	OCTREOTIDE ACETATE	1 kit per 28 days
SANDOSTATIN LAR 20MG DEPOT KIT	OCTREOTIDE ACETATE	2 kits per 28 days
Santyl	collagenase	90 grams per month
Saphris	asenapine	60 SL tablets per month
SAVAYSA 15 mg, 30 mg, 60 mg TABLET	EDOXYBAN	30 tablets per 30 days
SAVELLA 12.5 mg, 25 mg, 50 mg, 100 mg TABLET	MILNACIPRAN	60 tablets per 30 days
SAWYER PREMIUM INSECT REPELLENT 20% PUMP SPRAY	PICARIDIN	4 oz (118mL) per 4 days
SEEBRI NEOHALER 15.6 MCG INHAL	GLYCOPYRROLATE	60 capsules per 30 days
Segluromet	Ertugliflozin/metformin	60 tablets per 30 days
SELZENTRY 20 MG/ML SOLUTION	MARAVIROC	1800 ml per 30 days
SELZENTRY 25 mg, 300 mg TABLET	MARAVIROC	120 tablets per 30 days
SELZENTRY 75 mg, 150 mg TABLET	MARAVIROC	60 tablets per 30 days
SEMPREX-D CAPSULE	ACRIVASTINE/PSEUDOEPHEDRINE	120 tablets per 30 days
SENSIPAR 30 mg, 60 mg, 90 mg TABLET	CINACALCET	120 tablets per 30 days
Serax 10mg	oxazepam	180 capsules per month
Serax 15mg, 30mg	oxazepam	120 capsules per month
Serevent Diskus	salmeterol	1 inhaler per month
Seroquel	quetiapine	90 tablets per month
Seroquel 400mg	quetiapine	60 tablets per month
Seroquel XR	quetiapine	60 tablets per month
Serzone	nefazodone 150mg	120 tablets per month
Serzone	nefazodone 200mg	90 tablets per month

Brand Name	Generic Name	Quantity Limit
Serzone 50mg, 100mg, 250mg	nefazodone	60 tablets per month
Seysara	Sarecycline	30 tablets per 30 days
SF ROWASA 4 GRAM/60 ML ENEMA	MESALAMINE	30 bottles per 30 days
SIGNIFOR 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML AMPULE	PASIREOTIDE DIASPARTATE	60 ampules per 30 days
SIGNIFOR LAR 20 MG KIT	PASIREOTIDE PAMOATE	1 kit per 28 days
SIGNIFOR LAR 20 MG VIAL	PASIREOTIDE PAMOATE	1 vial per 28 days
SIGNIFOR LAR 40 MG KIT	PASIREOTIDE PAMOATE	1 kit per 28 days
SIGNIFOR LAR 40 MG VIAL	PASIREOTIDE PAMOATE	1 vial per 28 days
SIGNIFOR LAR 60 MG KIT	PASIREOTIDE PAMOATE	1 kit per 28 days
SIGNIFOR LAR 60 MG VIAL	PASIREOTIDE PAMOATE	1 vial per 28 days
Silenor 100mg	doxepin	90 capsules per month
Silenor 10mg, 25mg, 50mg, 75mg	doxepin	30 capsules per month
Silenor 150mg	doxepin	60 capsules per month
SILIQ 210 MG/1.5 ML SYRINGE	BRODALUMAB	3 syringes per 28 days
Simponi 100mg	Golimumab	3 ml (3 syringes) for the first month, then 1 ml (1 syringe) per 28 days
Simponi 50mg	Golimumab	0.5 ml (1 syringe) per 28 days
SINEMET 10/100 mg, 25/100 mg, 25/250 mg TABLET	CARBIDOPA/LEVODOPA	240 tablets per 30 days
SINEMET CR 25/100 mg, 50/200 mg TABLET	CARBIDOPA/LEVODOPA	240 tablets per 30 days
Singulair	montelukast	30 tablets per month
SIRTURO 100 MG TABLET	BEDAQUILINE	120 tablets per 30 days
SITAVIG 50 MG BUCCAL TABLET	ACYCLOVIR DR	30 tablets per 30 days
SIVEXTRO 200 MG TABLET	TEDIZOLID PHOSPHATE	30 tablets per 30 days
SIVEXTRO 200 MG VIAL	TEDIZOLID PHOSPHATE	30 vials per 30 days
SKELAXIN 400 MG TABLET	METAXOLONE	240 tablets per 30 days
SKELAXIN 800 MG TABLET	METAXALONE	120 tablets per 30 days
SKYLA INTRAUTERINE SYSTEM	LEVONORGESTREL INTRAUTERINE	1 system per 3 years
Skyrizi 75 MG/0.83 ML	Risankizumab-rzaa	2 syringes every 28 days for the first 2 months, then 2 syringes every 84 days
SOLQUA 100 UNIT-33 MCG/ML PEN	INSULIN GLARGINE/LIXISENATIDE	6 pens per 30 days
SOLIRIS 300 MG/30 ML VIAL	ECULIZUMAB	12 vials per 28 days
SOLODYN ER 45 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg, 105 mg, 115 mg, 135 mg TABLET	MINOCYCLINE HYDROCHLORIDE	30 tablets per 30 days
SOLTAMOX 10 MG/5 ML SOLUTION	TAMOXIFEN	600 ml per 30 days
Soma	Carisoprodol	120 tablets per 30 days

Brand Name	Generic Name	Quantity Limit
SOMA COMPOUND	CARISOPRODOL/ASPIRIN	120 tablets per 30 days
SOMA COMPOUND WITH CODEINE	CARISOPRODOL/ASPIRIN/CODEINE	120 tablets per 30 days
SOMATULINE DEPOT 120 MG/0.5 ML	LANREOTIDE	0.5 mL per 28 days
SOMATULINE DEPOT 60 MG/0.2 ML INJECTION	LANREOTIDE	1 syringe (0.2mL) per 28 days
SOMATULINE DEPOT 90 MG/0.3 ML INJECTION	LANREOTIDE	1 syringe (0.3mL) per 28 days
SOMAVERT mg, 15 mg, 25 mg, 30 mg VIAL	PEGVISOMANT	30 vials per 30 days
SOMAVERT 20 MG VIAL	PEGVISOMANT	30 vials per 30 days
SOMNOTE 500 MG SOFTGEL	CHLORAL HYDRATE	60 softgels per 30 days
Sonata	zaleplon	30 tablets per month
SORIATANE 10 MG CAPSULE	ACITRETIN	120 capsules per 30 days
SORIATANE 17.5 mg, 25 mg CAPSULE	ACITRETIN	60 capsules per 30 days
SOVALDI 400 MG TABLET	SOFOSBUVIR	30 tablets per 30 days
Spacers		2 spacers per 365 days
Spinraza Intrathecal Solution 2.4mg/1ml	Nusinersen	Initial, 12 mg intrathecally every 14 days for 3 doses (loading doses); then, a fourth loading dose of 12 mg intrathecally 30 days after the third loading dose, then Maintenance, 12 mg intrathecally every 4 months
Spiriva Handihaler	tiotropium	30 capsules (1 handihaler) per month
Spiriva Respimat	Tiotropium	4 grams (1 inhaler) per month
SPORANOX 10 MG/ML SOLUTION	ITRACONAZOLE	600 ml per 30 days
SPORANOX 100 MG CAPSULE	ITRACONAZOLE	120 capsules per 30 days
Spravato	Esketamine	8 kits per 28 days for first fill, 4 kits per 28 days for subsequent fills
SPRITAM 1000 MG TABLET	LEVETIRACETAM FOR SUSPENSION	90 tablets per 30 days
SPRITAM 1000 MG TABLET	LEVETIRACETAM	60 tablets per 30 days
SPRITAM 250 MG TABLET	LEVETIRACETAM FOR SUSPENSION	120 tablets per 30 days
SPRITAM 250 MG TABLET	LEVETIRACETAM	180 tablets per 30 days
SPRITAM 500 MG TABLET	LEVETIRACETAM FOR SUSPENSION	120 tablets per 30 days
SPRITAM 500 MG TABLET	LEVETIRACETAM	180 tablets per 30 days
SPRITAM 750 MG TABLET	LEVETIRACETAM FOR SUSPENSION	120 tablets per 30 days
SPRITAM 750 MG TABLET	LEVETIRACETAM	120 tablets per 30 days
SPRIX 15.75 MG NASAL SPRAY	KETOROLAC TROMETHAMINE	1 bottle per 30 days

Brand Name	Generic Name	Quantity Limit
SPRYCEL 20 mg, 50 mg, 70 mg, 80 mg, 100 mg, 140 mg TABLET	DASATINIB	30 tablets per 30 days
STADOL NS 10 MG/ML SPRAY	BUTORPHANOL TARTRATE	5 bottles per 30 days
STALEVO 200 MG TABLET	CARBIDOPA/LEVODOPA/EN TACAPONE	180 tablets per 30 days
STALEVO 50 mg, 75 mg, 100 mg, 125 mg, 150 mg TABLET	CARBIDOPA/LEVODOPA/EN TACAPONE	240 tablets per 30 days
STARLIX 60 mg, 120 mg TABLET	NATEGLINIDE	90 tablets per 30 days
STAVZOR DR 125 mg, 250 mg CAPSULE	VALPROIC ACID DR	240 capsules per 30 days
STAVZOR DR 500 MG CAPSULE	VALPROIC ACID DR	270 capsules per 30 days
Steglatro 5mg, 15mg	Ertugliflozin	30 tablets per 30 days
Steglujan 15mg/100mg	Ertugliflozin/sitagliptin	30 tablets per 30 days
Steglujan 5mg/100mg	Ertugliflozin/sitagliptin	30 tablets per 30 days
STELARA 130 MG/26 ML VIAL	USTEKINUMAB	4 vials per 28 days
STELARA 45 MG/0.5 ML INJECTION SYRINGE	USTEKINUMAB	1 syringe per 28 days
STELARA 90 MG/ML INJECTION SYRINGE	USTEKINUMAB	1 syringe per 28 days
Stiolto Respimat	tiotropium and olodaterol	1 inhaler per month
STIVARGA 40 MG TABLET	REGORAFENIB	84 tablets per 28 days
Strattera 10mg, 18mg, 25mg, 40mg	atomoxetine	60 capsules per month
Strattera 60mg, 80mg, 100mg	atomoxetine	30 tablets per month
STRIANT 30 MG MUCOADHESIVE	TESTOSTERONE	60 systems per 30 days
Stribild	elvitegravir, cobicistat, emtricitabine, tenofovir disoproxil fumarate	30 tablets per 30 days
Striverdi Respimat	olodaterol	1 inhaler per 30 days
Sublocade	buprenorphine	1 injection per 28 days
SUBLOCADE 100 MG/0.5 ML	BUPRENORPHINE EXTENDED-RELEASE	1 injection per 28 days
SUBLOCADE 300 MG/1.5 ML	BUPRENORPHINE EXTENDED-RELEASE	1 injection per 28 days
Suboxone Film	buprenorphine/naloxone	60 film strips per month
SUBSYS 100 MCG SUBLINGUAL SPRAY	FENTANYL SUBLINQUAL	120 blisters per 30 days
SUBSYS 1200 MCG SUBLINGUAL SPRAY	FENTANYL SUBLINQUAL	120 blisters per 30 days
SUBSYS 1600 MCG SUBLINGUAL SPRAY	FENTANYL SUBLINQUAL	120 blisters per 30 days
SUBSYS 200 MCG SUBLINGUAL SPRAY	FENTANYL SUBLINQUAL	120 blisters per 30 days
SUBSYS 400 MCG SUBLINGUAL SPRAY	FENTANYL SUBLINQUAL	120 blisters per 30 days
SUBSYS 600 MCG SUBLINGUAL SPRAY	FENTANYL SUBLINQUAL	120 blisters per 30 days
SUBSYS 800 MCG SUBLINGUAL SPRAY	FENTANYL SUBLINQUAL	120 blisters per 30 days

Brand Name	Generic Name	Quantity Limit
Subutex	buprenorphine	90 tablets per month
SULAR	NISOLDIPINE	30 tablets per 30 days
SULFAZINE 500 MG TABLET	SULFASALAZINE	360 tablets per 30 days
SULFAZINE EC 500 MG TABLET	SULFASALAZINE	360 tablets per 30 days
SUPARTZ 25 MG/2.5 ML SYRINGE	HYALURONATE SODIUM	12.5 mL (5 syringes) per knee per 35 days
SUPARTZ FX 25 MG/2.5 ML SYRINGE	HYALURONATE SODIUM	12.5 mL (5 syringes) per knee per 35 days
Supprelin LA	Histrelin acetate	One implant per 12 months
SUSTIVA 200 MG CAPSULE	EFAVIRENZ	60 capsules per 30 days
SUSTIVA 50 MG CAPSULE	EFAVIRENZ	90 capsules per 30 days
SUSTIVA 600 MG TABLET	EFAVIRENZ	30 capsules per 30 days
SUSTOL 10 MG/0.4 ML SYRINGE	GRANISETRON	0.4 mL (1 syringe) per 7 days. Maximum 6 months
SUTENT	SUNITINIB	30 capsules per 30 days
Symbicort	budesonide;formoterol	1 inhalation aerosol per month
Symbyax	olanzapine/fluoxetine	30 capsules per month
Symdeko	Tezacaftor/ivacaftor and ivacaftor	60 tablets per 30 days
Symfi	Efavirenz, lamivudine, tenofovir	30 tablets in 30 days
Symfi Lo	Efavirenz, lamivudine, tenofovir	30 tablets in 30 days
SYMLINPEN 120 PEN INJECTOR	PRAMLINTIDE	10.8 mL (4 pens/2 boxes) per 30 days
SYMLINPEN 60 PEN INJECTOR	PRAMLINTIDE	6 mL (4 pens/2 boxes) per 33 days
SYMPROIC 0.2 MG TABLET	NALDEMEDINE	30 tablets per 30 days
Synagis 50mg, 100mg	palivizumab	1 vial per month
Synalar	Fluocinolone Acetonide cream, ointment	120g per 30 days
SYNALGOS-DC CAPSULE	DIHYDROCODEINE/ASPIRIN/CAFFEINE	300 capsules per 30 days
SYNAREL 2 MG/ML NASAL SPRAY	NAFARELIN ACETATE	32 mL (4 boxes) per 26 days
Synjardy 5/500, 5/1000, 12.5/500, 12.5/1000	Empagliflozin/metformin	60 tablets per 30 days
Synvisc	hylan G-F 20	6ml per 6 months per knee
Synvisc One	hylan G-F 20	6ml per 6 months per knee
Tabrecta	Capmatinib	120 tablets per 30 days
Tabrecta 150mg, 200mg tablet	capmatinib	120 tablets per 30 days
Tafinlar 50mg cap	dabrafenib	120 caps/30 days
Tafinlar 75mg cap	dabrafenib	120 caps/30 days
TAGRISSO	OSIMERTINIB	30 tablets per 30 days
TALTZ	IXEKIZUMAB	3 mL (3 syringes) every 28 days
TALWIN NX 50MG/0.5MG TABLET	PENTAZOCINE/NALOXONE	90 tablets per 30 days
Talzenna 0.25mg	talazoparib	90 capsules per 30 days

Brand Name	Generic Name	Quantity Limit
Talzenna 1mg	talazoparib	30 capsules per 30 days
Tamiflu	oseltamivir	42 capsules per 6 months
Tamiflu 6mg/ml	oseltamivir	180ml per 6 months
TANZEUM	ALBIGLUTIDE	2 mL (4 pens) per 28 days
TARCEVA 100 MG TABLET	ERLOTINIB HYDROCHLORIDE	30 tablets per 30 days
TARCEVA 25 MG, 150 MG TABLET	ERLOTINIB HYDROCHLORIDE	60 tablets per 30 days
TARKA	TRANZOLAPRIL/VERAPAMI L	30 tablets per 30 days
TASIGNA	NILOTINIB	120 capsules per 30 days
TASMAR 100 MG TABLET	TOLCAPONE	180 tablets per 30 days
TAZTIA XT 120 MG, 180 MG, 300 MG, 360 MG CAPSULE	DILTIAZEM	30 capsules per 30 days
TAZTIA XT 240 MG CAPSULE	DILTIAZEM	60 capsules per 30 days
Tazverik	Tazemetostat	240 tablets per 30 days
Tecfidera 120 mg	dimethyl fumarate	14 capsules per 7 days
Tecfidera 240 mg	dimethyl fumarate	60 capsules per 30 days
Tecfidera Starter Pack	dimethyl fumarate	60 capsules per 30 days
TECHNIVIE DOSE PACK	OMBITASVIR/PARITAPREVI R/RITONAVIR	60 tablets per 30 days, 12 week treatment period
Tegretol 100mg, 200mg	carbamazepine	240 tablets per month
Tegretol XR 100mg	carbamazepine	60 tablets per month
Tegretol XR 200mg, 400mg	carbamazepine	120 tablets per month
TEKTURN 150 MG, 300 MG TABLET	ALISKIREN	30 tablets per 30 days
TEKTURN HCT TABLET	ALISKIREN/HCTZ	30 tablets per 30 days
Temovate cream, gel, ointment	CLOBETASOL CREAM, GEL, OINTMENT	120g per 30 days
Temovate solution	CLOBETASOL SOLUTION	120mL per 30 days
TENEX 1 MG TABLET	GUANFACINE IMMEDIATE- RELEASE	90 tablets per 30 days
TENEX 2 MG TABLET	GUANFACINE IMMEDIATE- RELEASE	60 tablets per 30 days
Tepmetko tablets	tepotinib	60 tablets per 30 days
TESTIM 1% (50 MG) GEL TUBES	TESTOSTERONE	300 grams (60 tubes) per 30 days
TESTOPEL 75 MG PELLETS	TESTOSTERONE IMPLANT	6 pellets per 3 months
TESTRED 10 MG CAPSULE	METHYLTESTOSTERONE	150 capsules per 30 days
TEVETEN 400 MG TABLET	EPROSARTAN	60 tablets per 30 days
TEVETEN 600 MG TABLET	EPROSARTAN	30 tablets per 30 days
TEVETEN 600-12.5 MG, 600-25 MG TABLET	EPROSARTAN/HCTZ	30 tablets per 30 days
THALOMID 150 MG, 200 MG CAPSULE	THALIDOMIDE	60 capsules per 30 days

Brand Name	Generic Name	Quantity Limit
THALOMID 50 MG, 100 MG CAPSULE	THALIDOMIDE	30 capsules per 30 days
Thorazine	chlorpromazine	120 tablets per 30 days
TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG CAPSULE SA	DILTIAZEM	30 capsules per 30 days
TIAZAC 240 MG CAPSULE SA	DILTIAZEM	60 capsules per 30 days
Tibsovo	ivosidenib	60 tablets per 30 days
TICANASE KIT NASAL SPRAY	FLUTICASONE/SALINE	16 grams (1 device/120 sprays) per 30 days
TICLID 250 MG TABLET	TICLOPIDINE	60 tablets per 30 days
TIGAN 100 MG/ML VIAL	TRIMETHOBENZAMIDE	240 mL per 30 days
TIGAN 300 MG CAPSULE	TRIMETHOBENZAMIDE	120 capsules per 30 days
TIKOSYN	DOFETILIDE	60 capsules per 30 days
TINDAMAX 250 MG TABLET	TINIDAZOLE	240 tablets per 30 days
TINDAMAX 500 MG TABLET	TINIDAZOLE	120 tablets per 30 days
Tivicay 10mg	dolutegravir	30 tablets per month
Tivicay 25mg	dolutegravir	120 tablets per month
Tivicay 50mg	dolutegravir	60 tablets per month
Tivicay PD 5mg oral tablet for suspension	Dolutegravir	180 tablets per 30 days
TIVORBEX 20 MG, 40 MG CAPSULE	INDOMETHACIN SUBMICRONIZED	90 capsules per 30 days
TOBI 300 MG/5 ML INHALATION SOLUTION VIAL	TOBRAMYCIN	280 mL (56 vials/1 box) per 28 days
TOBI PODHALER 28 MG CAPSULES	TOBRAMYCIN	240 capsules per 30 days
Tofranil 10mg	imipramine	120 tablets per month
Tofranil 25mg	imipramine	60 tablets per month
Tofranil 50mg	imipramine	120 tablets per month
TOLAZAMIDE 250 MG TABLET	TOLAZAMIDE	30 tablets per 30 days
TOLAZAMIDE 500 MG TABLET	TOLAZAMIDE	60 tablets per 30 days
TOLBUTAMIDE 500 MG TABLET	TOLBUTAMIDE	180 tablets per 30 days
TOLECTIN	TOLMETIN	90 tablets per 30 days
Topamax	topiramate	120 tablets per month
Topicort	DESOXIMETASONE CREAM, GEL, OINTMENT	120g per 30 days
TORADOL 10 MG TABLET	KETOROLAC	20 tablets per 30 days
Toujeo Max SoloStar Pen 300 units/ml	Insulin glargine	12ml (4 pens) per 30 days
Toujeo SoloStar Pen 300 units/ml	insulin glargine	9ml (6 pens) per 30 days
TOVIAZ ER	FESOTERODINE	30 tablets per 30 days
TRACLEER 32 MG TABLET FOR SUSP	BOSENTAN	120 tablets per 30 days
TRACLEER 62.5 MG, 125 MG TABLET	BOSENTAN	60 tablets per 30 days

Brand Name	Generic Name	Quantity Limit
Tradjenta	linagliptin	30 tablets per month
TRANSDERM-SCOP PATCH	SCOPOLAMINE	12 patches per 30 days
Tranxene-T 3.75mg, 15mg	clorazepate	120 tablets per month
Tranxene-T 7.5mg	clorazepate	240 tablets per month
Trelegy Ellipta	fluticasone/umeclidinium/vilanterol	1 inhaler per month
TRELSTAR 11.25 MG SYRINGE	TRIPTORELIN PAMOATE	2 mL (1 kit) per 12 weeks
TRELSTAR 22.5 MG SYRINGE	TRIPTORELIN PAMOATE	2 mL (1 kit) per 24 weeks
TRELSTAR 3.75 MG SYRINGE	TRIPTORELIN PAMOATE	2 mL (1 kit) per 4 weeks
TREMFYA 100 MG/ML SYRINGE	GUSELKUMAB	1 mL (1 syringe) per 28 days
TREXIMET 10 MG/60 MG, 85 MG/500 MG TABLET	SUMATRIPTAN/NAPROXEN SODIUM	9 tablets per 30 days
TREZIX CAPSULE	ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE	300 capsules per 30 days
TRIBENZOR	AMLODIPINE/OLMESARTAN/HCTZ	30 tablets per 30 days
TRICOR 145 MG TABLET	FENOFIBRATE NANOCRYSTALLIZED	30 tablets per 30 days
TRICOR 48 MG TABLET	FENOFIBRATE NANOCRYSTALLIZED	60 tablets per 30 days
TRIESENCE 40 MG/ML INTRAOCULAR INJ VIAL	TRIAMCINOLONE INTRAOCULAR	2 mL per 30 days
TRIGLIDE 160 MG TABLET	FENOFIBRATE NANOCRYSTALLIZED	30 tablets per 30 days
Trijardy XR 10mg-5mg-1000mg and 25mg-5mg-1000mg	empagliflozin, linagliptin, metformin	30 tablets per 30 days
Trijardy XR 5mg-2.5mg-1000mg and 12.5mg-2.5mg-1000mg	empagliflozin, linagliptin, metformin	60 tablets per 30 days
Trikafta	Ivacaftor, tezacaftor, elexacaftor	90 tablets per 30 days
Trileptal 150mg, 600mg	oxcarbazepine	120 tablets per month
Trileptal 300mg	oxcarbazepine	120 tablets per month
TRILIPIX 135 MG DR CAPSULE	FENOFIBRIC ACID (CHOLINE)	30 capsules per 30 days
TRILIPIX 45 MG DR CAPSULE	FENOFIBRIC ACID (CHOLINE)	60 capsules per 30 days
TRINTELLIX 20 MG TABLET	VORTIOXETINE	30 tablets per 30 days
TRINTELLIX 5 MG, 10 MG TABLET	VORTIOXETINE	60 tablets per 30 days
TRIPTODUR 22.5 MG KIT	TRIPTORELIN	2 mL (1 syringe) per 24 weeks
Triumeq	abacavir, dolutegravir, lamivudine	30 tablets per month
Trizivir	abacavir/lamivudine/zidovudine	60 tablets per month

Brand Name	Generic Name	Quantity Limit
Trogarzo	Ibalizumab	14 vials the first month, then 8 vials per 28 days
TROKENDI XR 100 MG CAPSULE	TOPIRAMATE ER	90 capsules per 30 days
TROKENDI XR 200 MG CAPSULE	TOPIRAMATE ER	60 capsules per 30 days
TROKENDI XR 25 MG, 50 MG CAPSULE	TOPIRAMATE ER	120 capsules per 30 days
TRULANCE 3 MG TABLET	PLECANATIDE	30 tablets per 30 days
Trulicity 0.75mg/0.5ml	dulaglutide	2ml (4 pens) per 28 days
Trulicity 1.5mg/0.5ml	dulaglutide	2ml (4 pens) per 28 days
Truvada	emtricitabine/tenofovir disoproxil	30 tablets per month
Tudorza Pressair	acridinium bromide	1 inhalation device per month
Tukysa 150 mg	Tucatinib	120 tablets per 30 days
Tukysa 50 mg	Tucatinib	300 tablets per 30 days
Turalio	Pexidartinib	120 capsules per 30 days
TWINRIX VACCINE	HEPATITIS A & B VACCINE	4 mL per 30 days
TWYNSTA	AMLODIPINE/TELMISARTAN	30 tablets per 30 days
TYBOST 150 MG TABLET	COBICISTAT	30 tablets per 30 days
TYKERB 250 MG TABLET	LAPATINIB	180 tablets per 30 days
TYLENOL 100 MG/ML, 80 MG/0.8 ML LIQUID (INFANTS SILAPAP)	ACETAMINOPHEN	240 mL per 30 days
TYLENOL 120 MG, 160 MG TAB/CAP/SUPPOSITORY	ACETAMINOPHEN	600 tablets/capsules/suppositories per 30 days
TYLENOL 160 MG/5 ML, 80 MG/2.5 ML LIQUID	ACETAMINOPHEN	2250 mL per 30 days
TYLENOL 320 MG/10 ML, 325 MG/10.15 ML, 650 MG/20.3 ML LIQUID	ACETAMINOPHEN	3000 mL per 30 days
TYLENOL 325 MG TAB/CAP/SUPPOSITORY	ACETAMINOPHEN	300 tablets/capsules/suppositories per 30 days
TYLENOL 500 MG, 650 MG CAP/TAB/SUPPOSITORY	ACETAMINOPHEN	180 tablets/capsules/suppositories per 30 days
TYLENOL 500 MG/15 ML LIQUID	ACETAMINOPHEN	2700 mL per 30 days
TYLENOL 500 MG/5 ML LIQUID	ACETAMINOPHEN	900 mL per 30 days
TYLENOL 640 MG/20 ML LIQUID	ACETAMINOPHEN	3750 mL per 30 days
TYLENOL 80 MG TAB/CAP/SUPPOSITORY	ACETAMINOPHEN	900 tablets/capsules/suppositories per 30 days
Tylenol with codeine	codeine/acetaminophen	180 tablets per month
Tylenol with codeine solution	codeine/acetaminophen solution	2700 ml per month
TYMLOS 80 MCG DOSE PEN INJECTOR	ABALOPARATIDE	1.56 mL (1 pen) per 30 days
TYSABRI 300 MG/15 ML INJECTION VIAL	NATALIZUMAB	15 mL (1 vial) per 28 days
TYVASO	TREPROSTINIL	87 mL per 30 days
TYZEKA 600 MG TABLET	TELBIDVUDINE	30 tablets per 30 days

Brand Name	Generic Name	Quantity Limit
Ubrelvy	Ubrogepant	16 tablets per 30 days
Ukoniq tablets	umbralisib	120 tablets per 30 days
ULORIC 40 MG TABLET	FEBUXOSTAT	30 tablets per 30 days
ULORIC 80 MG TABLET	FEBUXOSTAT	30 tablets per 30 days
Ultracet	tramadol/acetaminophen	240 tablets per month
Ultram	tramadol	240 tablets per month
ULTRAM ER	TRAMADOL ER	30 tablets per 30 days
UNIRETIC	MOEXIPRIL/HYDROCHLORO THIAZIDE	60 tablets per 30 days
UNIVASC	MOEXIPRIL	60 tablets per 30 days
UPTRAVI 200 MCG-800 MCG TITRATION PACK	SELEXIPAG	200 tablets (1 package) per 43 days
UPTRAVI TABLET	SELEXIPAG	60 tablets per 30 days
Urecholine 5mg, 10mg, 25mg, 50mg	bethanechol	120 tablets per month
UROXATRAL 10 MG TABLET	ALFUZOSIN	30 tablets per 30 days
URSO TABLET	URSODIOL	90 tablets per 30 days
UTIBRON NEOHALER	INDACATEROL/GLYCOPYRR OLATE	60 capsules (1 device) per 30 days
Valium 2mg, 10mg	diazepam	120 tablets per month
Valium 5mg	diazepam	240 tablets per month
Valtrex 1000mg	Valacyclovir	30 tablets per month
Valtrex 500mg	Valacyclovir	60 tablets per month
VALTURNA	ALISKIREN/VALSARTAN	30 tablets per 30 days
VANATOL LQ 50 MG-325 MG-40 MG/15 ML ORAL SOLUTION	BUTALBITAL/ACETAMINOP HEN/CAFFEINE	270 mL per 30 days
Vantas	histrelin acetate	1 implant per 12 months
VAQTA 25 UNITS/0.5 ML VIAL	HEPATITIS A VIRUS VACCINE	0.5 mL per 6 months
VAQTA 50 UNITS/ML VIAL	HEPATITIS A VIRUS VACCINE	1 mL per 6 months
VARIVAX VACCINE VIAL	VARICELLA VACCINE	1 vial per 28 days
VARUBI 90 MG TABLET	ROLAPITANT	60 tablets per 30 days
VASCEPA 0.5 GM CAPSULE	ICOSAPENT ETHYL	240 capsules per 30 days
VASCEPA 1 GM CAPSULE	ICOSAPENT ETHYL	120 capsules per 30 days
VASERETIC 5 MG/12.5 MG, 10 MG/25 MG TABLET	ENALAPRIL/HYDROCHLORO THIAZIDE	60 tablets per 30 days
VASOTEC 2.5 MG, 5 MG, 10 MG, 20 MG TABLET	ENALAPRIL	60 tablets per 30 days
VECAMYL 2.5 MG TABLET	MECAMYLAMINE	300 tablets per 30 days
VELPHORO 500 MG CHEWABLE TABLET	SUCROFERRIC OXYHYDROXIDE	180 tablets per 30 days

Brand Name	Generic Name	Quantity Limit
VELTASSA 8.4 GM, 16.8 GM, 25.2 GM POWDER PACKET	PATIRROMER SORBITEX CALCIUM	30 packets per 30 days
VEMLIDY 25 MG TABLET	TENOFOVIR ALAFENAMIDE FUMARATE	30 tablets per 30 days
VENCLEXTA 10 MG TABLET	VENETOCLAX	60 tablets per 30 days
VENCLEXTA 100 MG TABLET	VENETOCLAX	120 tablets per 30 days
VENCLEXTA 50 MG TABLET	VENETOCLAX	30 tablets per 30 days
VENLAFAXINE ER 37.5 MG, 75 MG, 150 MG, 225 MG TABLET	VENLAFAXINE	30 tablets per 30 days
VENOFER 100 MG/5 ML, 200 MG/10 ML VIAL	IRON SUCROSE COMPLEX	600 ML per 30 days
VENOFER 50 MG/2.5 ML VIAL	IRON SUCROSE COMPLEX	150 ML per 30 days
Ventolin HFA	albuterol inhaler	2 inhalers per month
Verquvo 10 mg tablets	vericiguat	30 tablets per 30 days
Verquvo 2.5, 5 mg tablets	vericiguat	60 tablets per 30 days
VERZENIO 50 MG, 100 MG, 150 MG, 200 MG TABLET	ABEMACICLIB	60 tablets per 30 days
Vesicare 1mg/mL oral solution	Solifenacin	300mL per 30 days
VESICARE 5 MG, 10 MG TABLET	SOLIFENACIN	30 tablets per 30 days
VIBERZI 75 MG, 100 MG TABLET	ELUXADOLINE	60 tablets per 30 days
VICODIN 5 MG/300 MG TABLET	HYDROCODONE/ACETAMIN OPHEN	300 tablets per 30 days
VICODIN ES 7.5 MG/300 MG TABLET	HYDROCODONE/ACETAMIN OPHEN	180 tablets per 30 days
VICODIN HP 10 MG/300 MG TABLET	HYDROCODONE/ACETAMIN OPHEN	150 tablets per 30 days
Vicoprofen	hydrocodone/ibuprofen	150 tablets per month
Victoza	Liraglutide	9 mL (3 pens) per month
Videx 250 and 400mg	didanosine	30 capsules per month
Viekira Pak	Ombitasvir/paritaprevir/ritonavir; dasabuvir	112 tablets per month
VIEKIRA XR TABLET	DASABUVIR/OMBITASVIR/P ARITAPREVIR/RITONAVIR ER	90 tablets per 30 days
Viibryd	vilazodone	30 tablets per month
VIMOVO 375 MG/20 MG, 500 MG/20 MG TABLET	NAPROXEN/ESOMEPRAZOLE	60 tablets per 30 days
VIMPAT 10 MG/ML SOLUTION	LACOSAMIDE	1200 ML per 30 days
VIMPAT 100 MG, 150 MG, 200 MG TABLET	LACOSAMIDE	60 tablets per 30 days
VIMPAT 50 MG TABLET	LACOSAMIDE	120 tablets per 30 days
Viracept 250mg	nelfinavir	270 tablets per month
Viracept 625mg	nelfinavir	120 tablets per month

Brand Name	Generic Name	Quantity Limit
Viramune 200mg	nevirapine	60 tablets per month
VIRAMUNE 50 MG/5 ML ORAL SUSPENSION	NEVIRAPINE	1200 ML per 30 days
VIRAMUNE XR 100 MG TABLET	NEVIRAPINE	90 tablets per 30 days
Viramune XR 400mg	nevirapine	30 tablets per month
VIREAD 150 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE (TDF)	60 tablets per 30 days
VIREAD 200 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE (TDF)	45 tablets per 30 days
VIREAD 250 MG, 300 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE (TDF)	30 tablets per 30 days
VIREAD 40 MG/SCOOP POWDER	TENOFOVIR DISOPROXIL FUMARATE (TDF)	225 scoops per 30 days
VITEKTA 85 MG, 150 MG TABLET	ELVITEGRAVIR	30 tablets per 30 days
Vivactil 10mg	Protriptyline	180 tablets per month
Vivactil 5mg	Protriptyline	360 tablets per month
VIVITROL INJECTABLE SUSPENSION KIT	NALTREXONE	1 kit per 28 days
VIVLODEX 5 MG, 10 MG CAPSULE	MELOXICAM	30 capsules per 30 days
VIVOTIF BERNA EC CAPSULE	TYPHOID VACCINE	4 capsules per 7 days
Vocabria tablets	cabotegravir	30/30 days
VOLTAREN EC 50 MG TABLET	DICLOFENAC SODIUM DR	120 tablets per 30 days
VOLTAREN EC 75 MG TABLET	DICLOFENAC SODIUM DR	90 tablets per 30 days
Voltaren gel	Diclofenac sodium	1000 grams per 30 days
VOLTAREN XR 100 MG TABLET	DICLOFENAC SODIUM ER	60 tablets per 30 days
VOSEVI 400-100-100 MG TABLET	SOFOSBUVIR/VELPATAS/VOXILAPREV	30 tablets per 30 days
VOTRIENT 200 MG TABLET	PAZOPANIB HYDROCHLORIDE	120 tablets per 30 days
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE	CARIPRAZINE	30 capsules per 30 days
VRAYLAR 1.5 MG/3 MG PACK	CARIPRAZINE	30 capsules per 30 days
Vumerity	Diroximel fumarate	120 capsules per 30 days
VYTORIN 10/10, 10/20, 10/40, 10/80 TABLET	EZETIMIBE/SIMVASTATIN	30 tablets per 30 days
Vyvanse	lisdexamfetamine	30 capsules per month
Wakix	Pitolisant	60 tablets per 30 days
WELCHOL 3.75 GRAM POWDER PACKET	COLESEVELAM	30 packet per 30 days
WELCHOL 625 MG TABLET	COLESEVELAM	180 tablets per 30 days
Wellbutrin 100mg	bupropion hcl	120 tablets per month
Wellbutrin 75mg	bupropion hcl	180 tablets per month

Brand Name	Generic Name	Quantity Limit
Wellbutrin SR 100mg	bupropion hcl sr	60 tablets per month
Wellbutrin SR 150mg	bupropion hcl sr	60 tablets per month
Wellbutrin SR 200mg	bupropion hcl sr	60 tablets per month
Wellbutrin XL 150mg	bupropion hcl xl	30 tablets per month
Wellbutrin XL 300mg	bupropion hcl xl	30 tablets per month
Westcort	hydrocortisone valerate cream, ointment	120g per 30 days
XADAGO 50 MG, 100 MG TABLET	SAFINAMIDE MESYLATE	30 tablets per 30 days
XALKORI 200 MG, 250 MG CAPSULE	CRIZOTINIB	60 tablets per 30 days
Xanax 0.25mg, 0.5mg, 2mg	alprazolam	90 tablets per month
Xanax 1mg	alprazolam	180 tablets per month
XANAX XR 0.5 MG, 1 MG, 2 MG, 3 MG TABLET	ALPRAZOLAM ER	60 tablets per 30 days
XARELTO 10 MG, 20 MG TABLET	RIVAROXOBAN	30 tablets per 30 days
XARELTO 15 MG TABLET	RIVAROXOBAN	60 tablets per 30 days
XARELTO STARTER PACK	RIVAROXOBAN	51 tablets per 30 days
Xcopri 12.5mg, 25mg, 50mg, 100mg	Cenobamate	30 tablets per 30 days
Xcopri 150mg and 200mg	Cenobamate	60 tablets per 30 days
Xeglyze Lotion	abametapir	210mL per 30 days
Xeljanz	Tofacitinib citrate	60 tablets per 30 days
Xeljanz 1mg/mL Oral Solution	Tofacitinib	300mL per 30 days
Xeljanz XR	Tofacitinib citrate	30 tablets per 30 days
XENAZINE 12.5 MG TABLET	TETRABENAZINE	120 tablets per 30 days
XENAZINE 25 MG TABLET	TETRABENAZINE	120 tablets per 30 days
XEOMIN 200 UNIT INJECTION VIAL	INCOBOTULINUMTOXIN A	2 vials per 30 days
XEOMIN 50 UNIT, 100 UNIT INJECTION VIAL	INCOBOTULINUMTOXIN A	4 vials per 30 days
XERESE 5%/1% CREAM	ACYCLOVIR/HYDROCORTIS ONE	5 grams per 5 days
XERMELO 250 MG TABLET	TELOTTRISTAT ETHYL	90 tablets per 30 days
XGEVA 120 MG/1.7 ML VIAL	DENOSUMAB	3 vials per 28 days
XIAFLEX 0.9 MG VIAL	COLLAGENASE CLOSTRIDIUM HISTOLYTICUM	4 vials per 28 days
Xifaxan 200mg	Rifaximin	9 tablets per 30 days
Xifaxan 550mg	Rifaximin	60 tablets per 30 days
XIGDUO XR 10/500 MG,10/1000 MG TABLET	DAPAGLIFLOZIN/METFORMI N	30 tablets per 30 days
XIGDUO XR 2.5-1000 MG, 5/500 MG. 5/1000 MG TABLET	DAPAGLIFLOZIN AND METFORMIN ER	60 tablets per 30 days
XIIDRA 5% EYE DROPS	LEFITEGRAST	60 vials per 30 days

Brand Name	Generic Name	Quantity Limit
XIMINO ER 45 MG, 90 MG, 135 MG CAPSULE	MINOCYCLINE HYDROCHLORIDE	30 tablets per 30 days
XODOL 10 MG/300 MG TABLET	HYDROCODONE/ACETAMIN OPHEN	150 tablets per 30 days
XODOL 5 MG/300 MG TABLET	HYDROCODONE/ACETAMIN OPHEN	300 tablets per 30 days
XODOL 7.5 MG/300 MG TABLET	HYDROCODONE/ACETAMIN OPHEN	180 tablets per 30 days
Xofluza Suspension	baloxavir marboxil	40mL per 180 days
Xolair	omalizumab	6 vials per 28 days
XOPENEX CONCENTRATE 1.25 MG/0.5 ML SOLUTION	LEVAlBUTEROL CONCENTRATE SOLUTION	90 vials per 30 days
Xopenex HFA	levalbuterol	2 inhalers per month
Xospata	gilteritinib	90 tablets per 30 days
XTAMPZA 9 MG, 36 MG CAPSULE	OXYCODONE MYRISTATE	60 tablets per 30 days
XTAMPZA ER 13.5 MG, 18 MG, 27 MG CAPSULE	OXYCODONE MYRISTATE	60 tablets per 30 days
XTANDI 40 MG CAPSULE	ENZALUTAMIDE	120 tablets per 30 days
Xtandi 40mg Tablet	Enzalutamide	120 tablets per 30 days
XULTOPHY 100 UNIT-3.6 MG/ML PEN	INSULIN DEGLUDEC/LIRAGLUTIDE	15ml per 30 days
Xylocaine	lidocaine solution	50mL per 30 days
XYREM 500 MG/ML ORAL SOLUTION	SODIUM OXYBATE	540 ML per 30 days
Xywav Oral Solution	calcium oxybate, magnesium oxybate, potassium oxybate, sodium oxybate	540mL per 30 days
XYZAL 0.5 MG/ML SOLUTION	LEVOCETIRIZINE	300 ML per 30 days
XYZAL 5 MG TABLET	LEVOCETIRIZINE	30 tablets per 30 days
Yonsa 125mg	abiraterone acetate	120 tablets per 30 days
ZAMICET 10 MG-325 MG/15 ML SOLUTION	HYDROCODONE/ACETAMIN OPHEN	2250 ML per 30 days
ZAMICET 10 MG-325 MG/15 ML SOLUTION	HYDROCODONE/ACETAMIN OPHEN	2250 ML per 30 days
ZANAFLEX 2 MG CAPSULE	TIZANIDINE	90 capsules per 30 days
ZANAFLEX 2 MG TABLET	TIZANIDINE	90 tablets per 30 days
ZANAFLEX 4 MG CAPSULE	TIZANIDINE	240 capsules per 30 days
ZANAFLEX 4 MG TABLET	TIZANIDINE	240 tablets per 30 days
ZANAFLEX 6 MG CAPSULE	TIZANIDINE	180 capsules per 30 days
ZANTAC 1000 MG/40 ML VIAL	RANITIDINE	480 ML per 30 days
ZANTAC 150 MG CAPSULE/TABLET	RANITIDINE	60 capsules/tablets per 30 days
ZANTAC 150 MG/6 ML VIAL	RANITIDINE	480 ML per 30 days
ZANTAC 300 MG CAPSULE/TABLET	RANITIDINE	30 capsules/tablets per 30 days
ZANTAC 50 MG/2 ML VIAL	RANITIDINE	480 ML per 30 days

Brand Name	Generic Name	Quantity Limit
ZANTAC 75 MG TABLET	RANITIDINE	60 tablets per 30 days
ZARONTIN 250 MG CAPSULE	ETHOSUXIMIDE	180 capsules per 30 days
ZARONTIN 250 MG/5 ML SOLUTION	ETHOSUXIMIDE	900 ML per 30 days
ZEBUTAL 50 MG/325 MG/40 MG CAPSULE	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	18 capsules per 30 days
ZEGERID 40/1100 MG CAPSULE	OMEPRAZOLE/SODIUM BICARBONATE	30 capsules per 30 days
ZEGERID OTC 20/1100 MG CAPSULE	OMEPRAZOLE/SODIUM BICARBONATE	30 capsules per 30 days
ZEJULA 100 MG CAPSULE	NIRAPARIB TOSYLATE	90 capsules per 30 days
ZELAPAR 1.25 MG ODT	SELEGILINE	60 tablets per 30 days
ZELBORAF 240 MG TABLET	VEMURAFENIB	240 tablets per 30 days
ZENZEDI 2.5 MG, 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG TABLET	DEXTROAMPHETAMINE	90 tablets per 30 days
ZENZEDI 30 MG TABLET	DEXTROAMPHETAMINE	60 tablets per 30 days
ZEPATIER 50 MG/100 MG TABLET	ELBASVIR/GRAZOPREVIR	30 tablets per 30 days
Zeposia 0.92 mg capsule	Ozanimod	30 capsules per 30 days
Zerit 15mg	stavudine	120 tablets per month
Zerit 20mg, 30mg, 40mg	stavudine	60 tablets per month
ZESTORETIC 10 MG/12.5 MG, 20 MG/12.5 MG, 20 MG/25 MG TABLET	LISINOPRIL/HYDROCHLOROTHIAZIDE	60 tablets per 30 days
ZESTRIL 2.5 MG, 10 MG, 20 MG, 30 MG TABLET	LISINOPRIL	30 tablets per 30 days
ZESTRIL 40 MG TABLET	LISINOPRIL	60 tablets per 30 days
ZESTRIL 5 MG TABLET	LISINOPRIL	30 tablets per 30 days
Zetia	Ezetimibe	30 tablets per 30 days
Ziagen 300mg	abacavir	60 tablets per month
ZINBRYTA 150 MG/ML SYRINGE	DACLIZUMAB	1 syringe per 30 days
ZIPSOR 25 MG CAPSULE	DICLOFENAC POTASSIUM	120 capsules per 30 days
ZITHROMAX I.V. 500 MG VIAL	AZITHROMYCIN	30 vials per 30 days
ZOCOR 40 MG, 80 MG TABLET	SIMVASTATIN	30 tablets per 30 days
ZOCOR 5 MG, 10 MG, 20 MG TABLET	SIMVASTATIN	45 tablets per 30 days
ZOFRAN 2 MG/ML VIAL	ONDANSETRON	720 ML per 30 days
ZOFRAN 24 MG TABLET	ONDANSETRON	30 tablets per 30 days
ZOFRAN 4 MG TABLET	ONDANSETRON	120 tablets per 30 days
ZOFRAN 4 MG/5 ML ORAL SOLUTION	ONDANSETRON	600 ML per 30 days
ZOFRAN 8 MG TABLET	ONDANSETRON	90 tablets per 30 days
ZOFRAN ODT 4 MG, 8 MG TABLET	ONDANSETRON	90 tablets per 30 days
ZOXYDRON ER 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG CAPSULE	HYDROCODONE ER	60 tablets per 30 days
ZOLADEX 10.8 MG IMPLANT SYRINGE	GOSERELIN	1 syringe per 84 days

Brand Name	Generic Name	Quantity Limit
Zoloft 100mg	Sertraline	60 tablets per month
Zoloft 25mg,	sertraline	30 tablets per month
Zoloft 50mg	Sertraline	45 tablets per month
Zoloft solution	Sertraline 20mg/mL solution	300mL per month
ZOMETA 4 MG/100 ML INJECTION VIAL	ZOLEDRONIC ACID	100 mL per 7 days
ZOMETA 4 MG/5 ML VIAL	ZOLEDRONIC ACID	5 mL per 7 days
ZOMIG 2.5 MG, 5 MG TABLET	ZOLMITRIPTAN	6 tablets per 30 days
ZOMIG 5 MG NASAL SPRAY	ZOLMITRIPTAN	6 doses per 30 days
ZOMIG-ZMT 2.5 MG, 5 MG ODT	ZOLMITRIPTAN	6 tablets per 30 days
ZONEGRAN 25 MG, 50 MG, 100 MG CAPSULE	ZONISAMIDE	180 tablets per 30 days
ZONTIVITY 2.08 MG TABLET	VORAPAXAR	30 tablets per 30 days
ZORVOLEX 18 MG, 35 MG CAPSULE	DICLOFENAC	90 capsules per 30 days
ZOSTAVAX VACCINE VIAL	ZOSTER VACCINE	1 vial per 90 days
Zostrix	CAPSAICIN 0.025%, 0.1% CREAM	120g per 30 days
ZOVIRAX 5% CREAM	ACYCLOVIR	5 grams per 28 days
ZOVIRAX 5% OINTMENT	ACYCLOVIR	30 grams per 28 days
Zubsolv	buprenorphine/naloxone	60 tablets per month
ZUPLENZ 4 MG, 8 MG SOLUBLE FILM	ONDANSETRON	90 films per 30 days
ZURAMPIC 200 MG TABLET	LESINURAD	30 tablets per 30 days
ZYBAN SR 150 MG TABLET	BUPROPION	60 tablets per 30 days
Zyclara pump	Imiquimod	1 pump bottle (28 actuations) per 28 days
ZYDELIG 100 MG, 150 MG TABLET	IDELALISIB	60 tablets per 30 days
ZYFLO CR 600 MG TABLET	ZILEUTON	120 tablets per 30 days
ZYKADIA 150 MG CAPSULE	CERITINIB	150 capsules per 30 days
Zyprexa	olanzapine	30 tablets per month
ZYRTEC 5 MG, 10 MG TABLET/CHEW TAB	CETIRIZINE	30 tablets per 30 days
ZYRTEC-D TABLET	PSEUDOEPHEDRINE/CETIRIZINE	60 tablets per 30 days
ZYTIGA 250 MG TABLET	ABIRATERONE	120 tablets per 30 days
ZYTIGA 500 MG TABLET	ABIRATERONE	60 tablets per 30 days
Zyvox tablet	Linezolid	56 tablets per 28 days



It's Wholecare.

Updated: 11/2020
PARP Approved: 01/2021

**QUANTITY LIMIT EXCESS
PRIOR AUTHORIZATION FORM**

Please complete and fax all requested information below including any progress notes, laboratory test results, or chart documentation as applicable to Gateway HealthSM Pharmacy Services. **FAX:** (888) 245-2049
If needed, you may call to speak to a Pharmacy Services Representative.
PHONE: (800) 392-1147 Monday through Friday 8:30am to 5:00pm

PROVIDER INFORMATION

Requesting Provider:	Provider NPI:
Provider Specialty:	Office Contact:
State license #:	Office NPI:
Office Address:	Office Phone:
	Office Fax:

MEMBER INFORMATION

Member Name:	DOB:	
Gateway ID:	Member weight:	Height:

REQUESTED DRUG INFORMATION

Medication:	Strength:	
Directions:	Quantity:	Refills:
Is the member currently receiving requested medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Medication Initiated:

Billing Information

This medication will be billed: at a pharmacy **OR** medically, JCODE: _____
Place of Service: Hospital Provider's office Member's home Other

Place of Service Information

Name:	NPI:
Address:	Phone:

MEDICAL HISTORY (Complete for ALL requests)

Diagnosis:	ICD Code:
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FOR ONCOLOGY USE

Provide clinical rationale for the requested drug and quantity (attach any supporting medical documentation):

CURRENT or PREVIOUS THERAPY

Medication Name	Strength/ Frequency	Dates of Therapy	Status (Discontinued & Why/Current)

SUPPORTING INFORMATION or CLINICAL RATIONALE

Prescribing Provider Signature

Date

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